

Name  
in  
Full

Rachel Ruth Albough

13,  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Market</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MAYLAND	
Date of death	1905	Month	May	Day	8
Age		65		Months	3
Sex	Female		Color or Race	white	
Occupation			Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	widowed		Name of <del>Wife or</del> Husband	Jasper Albough	
Father's Name	Ephraim Hogg		Father's Birthplace	Unionville Ind.	
Mother's Maiden Name	Achsaah Ann Poole		Mother's Birthplace	" "	
Name of person giving information	W. H. Albough		How related to deceased	Son.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(64) ✓		How long	
Immediate	Apoplexy		How long	Said suddenly
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	H. H. Hopkins Jr. M.D.
			Address	New Market
				Maryland
Accident or Suicide?	no			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Ames Jr</i>		Town <i>Pondrich</i>		County <i>Pondrich</i>		MARYLAND	
Died at <i>Pondrich</i>		Month <i>5</i>		Day <i>24</i>		Age <i>60</i>	
Date of death <i>1905</i>		Month <i>5</i>		Day <i>24</i>		Age <i>60</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Laurensburg Ky</i>		Months <i>1</i>	
Occupation <i>Genl Manager</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Florence Irene Ames</i>					
Father's Name <i>John Ames</i>		Father's Birthplace <i>Laurensburg Ky</i>					
Mother's Maiden Name <i>Harriett Soule</i>		Mother's Birthplace <i>Chapin Ky</i>					
Name of person giving Information <i>Katherine A. Ide</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Adenitis</i>	How long <i>6 mos -</i>
Immediate <i>Blood Poisoning Streptococcus</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Charles B. Buchanan</i>
	Address <i>Pondrich Mo</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Mary Eleanor Balthus, 16

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Market		County Frederick		MARYLAND	
Date of death 190		5	Month 5	Day 23	Age 64	Months 8	Days 5
Sex Female		Color or Race White		Birth- place Petersburg, Pa			
Married, Single or Widowed Widow				Occupation —			
Name of Wife or Husband Rev. M. G. Balthus (deceased)							
Father's Name Joseph Heednicksoe				Father's Birthplace Maryland			
Mother's Maiden Name Eleanor Crower				Mother's Birthplace Penn.			
Name of person giving In formation J. H. Balthus				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Sarcoma of Uterus		How long 42 10 months	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. H. Hopkins Jr. M. D.	
				Address New Market, Maryland	
Accident or Suicide?		no			



Name  
in  
Full

CERTIFICATE OF DEATH

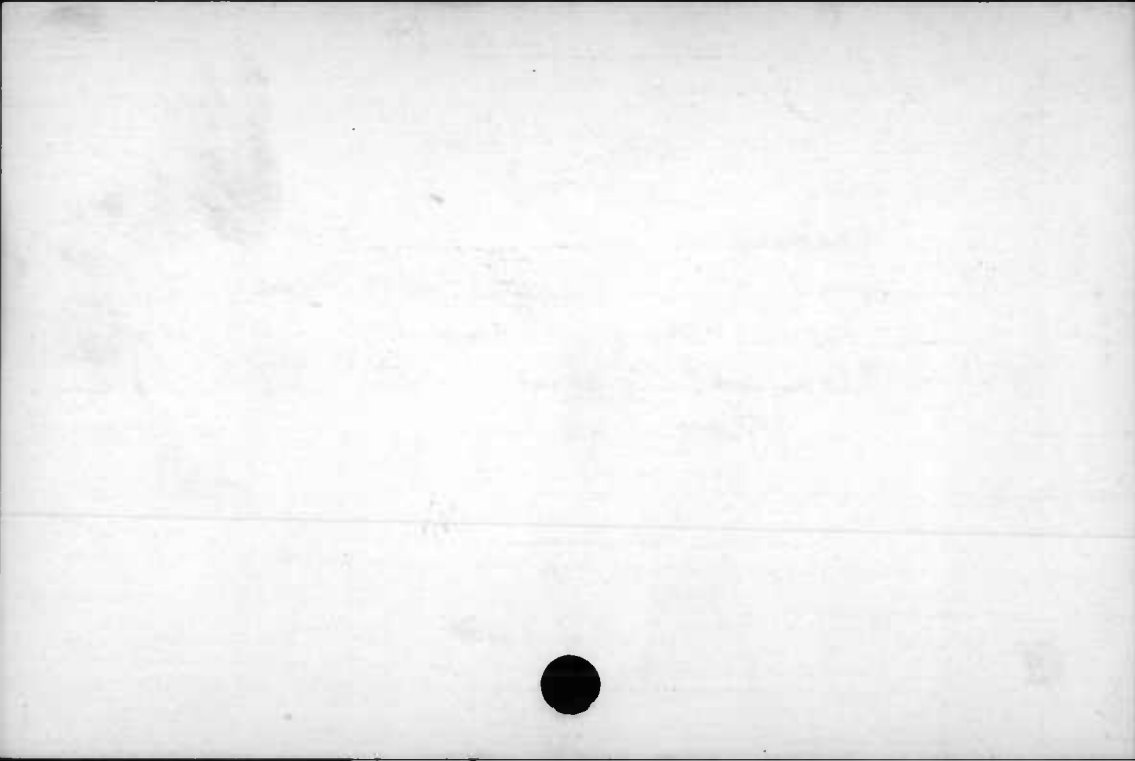
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Oliver Bari</i>		Town <i>Fredensburgh</i>		County		STATE <b>MARYLAND</b>	
Died at		Date of death <i>1905 May 14th</i>		Age <i>21</i>		Months <i>1</i> Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>140 Band &amp; Ave</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>William H. Bari</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary J. Thompson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Walter Mary Bari</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Purshing</i>	How long <i>20 years</i>
Immediate <i>Epileptic attack</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Fredensburgh</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

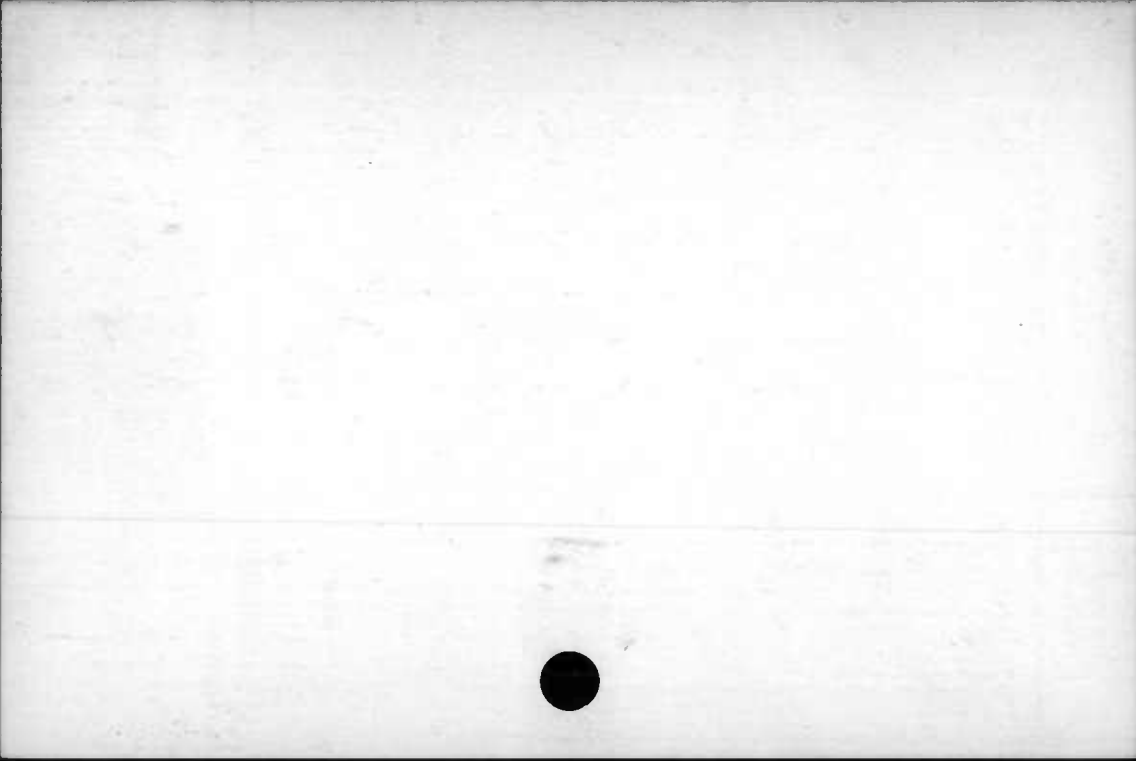
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mollie Virginia Bishop</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>May</i>		Day <i>1</i>		Years <i>43</i>	
Date of death <i>1905</i>		Months <i>9</i>		Days <i>18</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James G. Bishop</i>		Father's Birthplace <i>Pennsylvania</i>		Mother's Birthplace <i>Maryland</i>	
Father's Name <i>Francis Caldwell</i>		Mother's Maiden Name <i>Louisa Shabangh</i>		Name of person giving information <i>James G. Bishop</i>		How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>10</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Eichelberger</i>
	Address <i>Emmitsburg</i>
	<i>Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Brunswick</b> <sup>Town</sup>		<b>Fredrick</b> <sup>County</sup>		<b>MARYLAND</b>	
Date of death <b>1905</b>	<b>5</b> <sup>Month</sup>	<b>15</b> <sup>Day</sup>	<b>—</b> <sup>Years</sup>	<b>—</b> <sup>Months</sup>	<b>10 hours</b> <sup>Days</sup>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Brunswick</b>		
Occupation <b>Infant 3 months</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>Geo. R. Bond</b>				
Father's Name <b>Geo. R. Bond</b>	Father's Birthplace <b>Ma</b>				
Mother's Maiden Name <b>Edna M Lucas</b>	Mother's Birthplace <b>Ma</b>				
Name of person giving information <b>Mrs Edna M Bond</b>	How related to deceased <b>Mother</b>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Chremature Birth five month</b>	How long
Immediate <b>in Pregnancy and lived about</b>	How long <b>10 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. S. Hedges</b>
	Address <b>Brunswick</b>
	<b>Ma</b>
Accident or Suicide?	



Name  
in  
Full

Eliza Brady

18,

CERTIFICATE OF DEATH

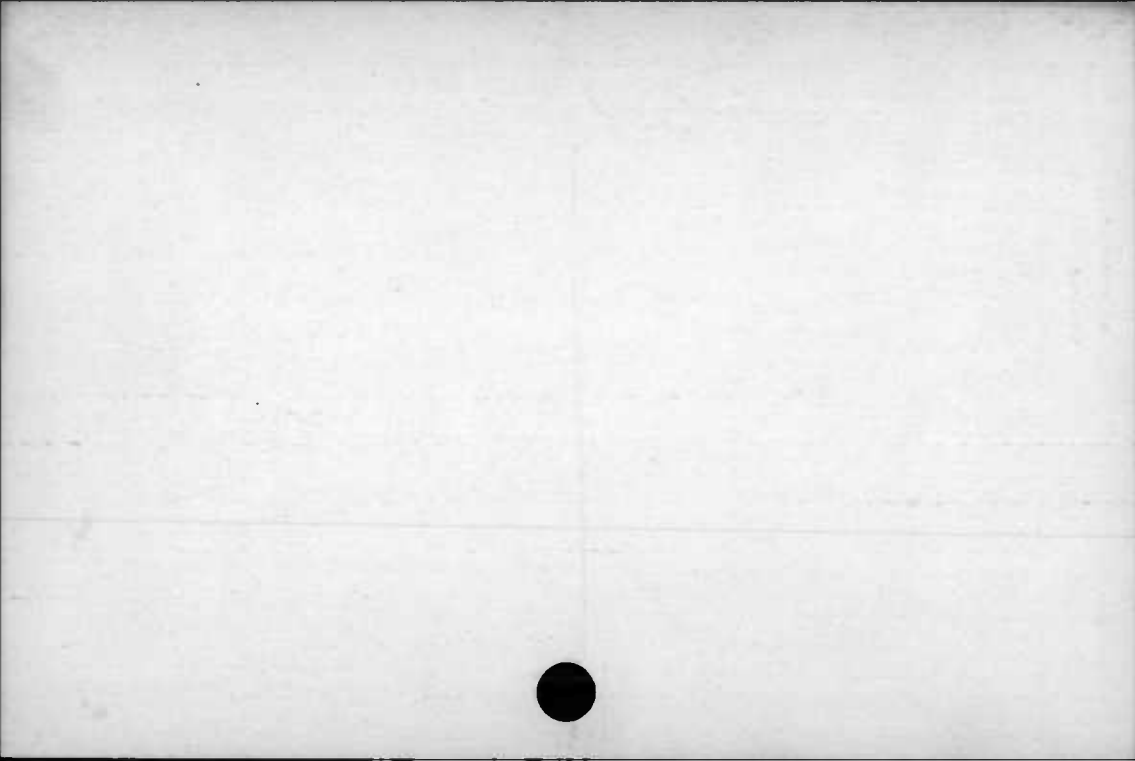
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>New Pearl</i>		County <i>Just A</i>		MARYLAND	
Date of death 190	5	Month	5	Day	27	Years	Age 73 -
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Don't Know</i>
<del>Married, Single</del> or Widowed		<i>Married</i>		Occupation <i>Housewife</i>			
Name of <del>Wife</del> or Husband <i>Jacob Brady</i>							
Father's Name <i>Don't Know</i>				Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>Aden Anderson</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Seven years</i>
Immediate	<i>Asthenia</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Downing</i>	
		Address <i>New Market</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Mrs. A. Buchman		MARYLAND			
Died at <i>New Fossilville</i>		County <i>Frederick</i>			
Date of death <i>1903</i>		Month <i>May</i>		Day <i>8</i>	
Age <i>75</i>		Years <i>75</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Jacob Buchman</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Catherine Fox</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs. — Fisher</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
Primary <i>Nephritis and Heart Disease</i>		How long <i>3 years.</i>			
Immediate <i>Uremic poisoning</i>		How long <i>2 weeks.</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. C. Kefauver</i>			
Address <i>Charmont, Md.</i>		Address <i>Charmont, Md.</i>			
Accident or Suicide? <i>_____</i>		Accident or Suicide? <i>_____</i>			



Name  
in  
Full

Moody Burges

14

## CERTIFICATE OF DEATH

Died at New Market

Town

Frederick

County

MARYLAND

Date  
of death 1905

Month

5-

Day

14

Age

Years

27

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

New Market Md

Married, Single  
or Widowed

Single

Occupation

Soldier

Name of Wife or  
HusbandFather's  
Name

George W. Burges

Father's  
Birthplace

Frost Co

Mother's  
Maiden Name

Mary Lane

Mother's  
Birthplace

Frost Co

Name of person giving  
information

Dr Downey

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Typho Malarial Fever

How long

6 months

Immediate

Syncope

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr Downey

New Market Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lucy Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>			
Date of death <i>1905</i>	Month <i>5</i>	Day <i>7</i>	Age <i>60</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation <i>N. N.</i>	Where Residing if not at place of death <i>X</i>				
Married, <del>Single</del> or Widowed <i>X</i>	Name of <del>Wife</del> or Husband <i>Tyler Butler</i>				
Father's Name <i>X</i>	Father's Birthplace <i>X</i>				
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>				
Name of person giving information <i>Tyler Butler</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

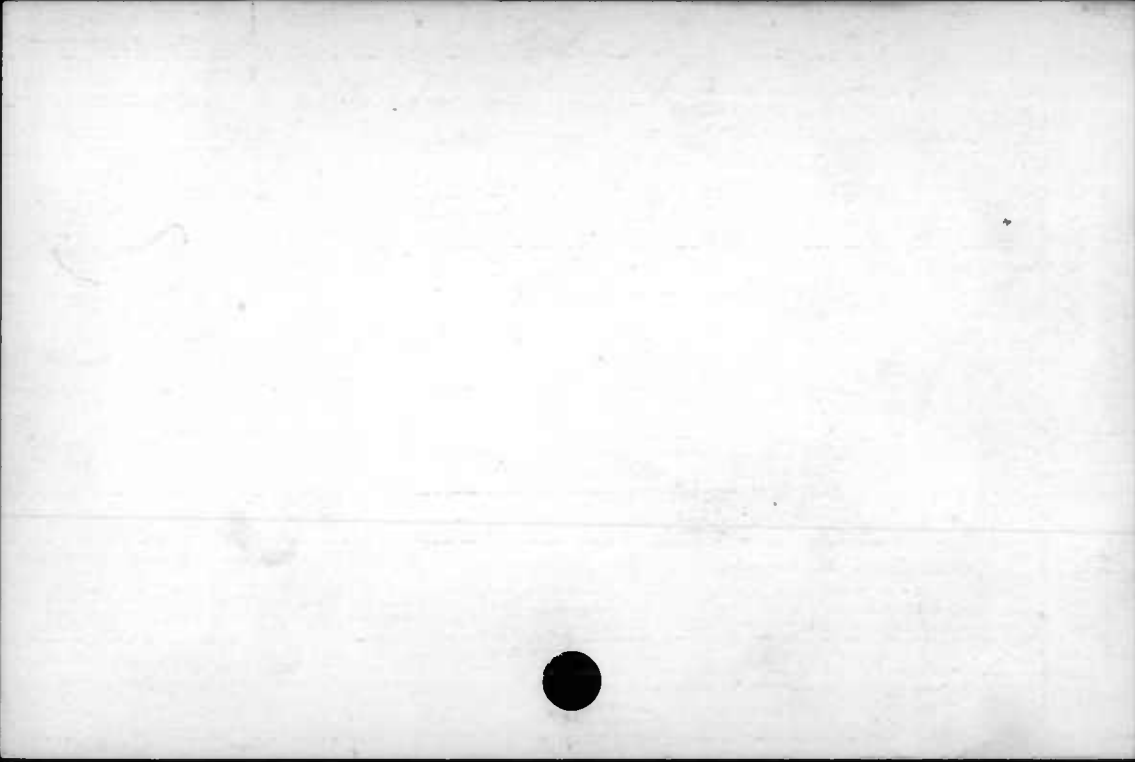
Primary <i>Apoplexy</i>	How long <i>Instant</i>
Immediate	How long <i>X</i>

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*N. A. Long*  
*Frederick Md.*Accident or Suicide? *X*



Name  
in  
Full

Mary Ann Cook.

12  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Near Fountain Mills</i>		Town <i>Fountain Mills</i>		County <i>Fredrick</i>	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>4</i>	Age <i>87</i>	Years <i>—</i>	Months <i>11</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co</i>	
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Otha Cook</i>					
Father's Name <i>Col. John Montgomery</i>			Father's Birthplace <i>Fresh Co</i>		
Mother's Maiden Name <i>Mary A. Dams</i>			Mother's Birthplace <i>Fresh Co</i>		
Name of person giving information <i>George Cook</i>			How related to deceased <i>Son</i>		

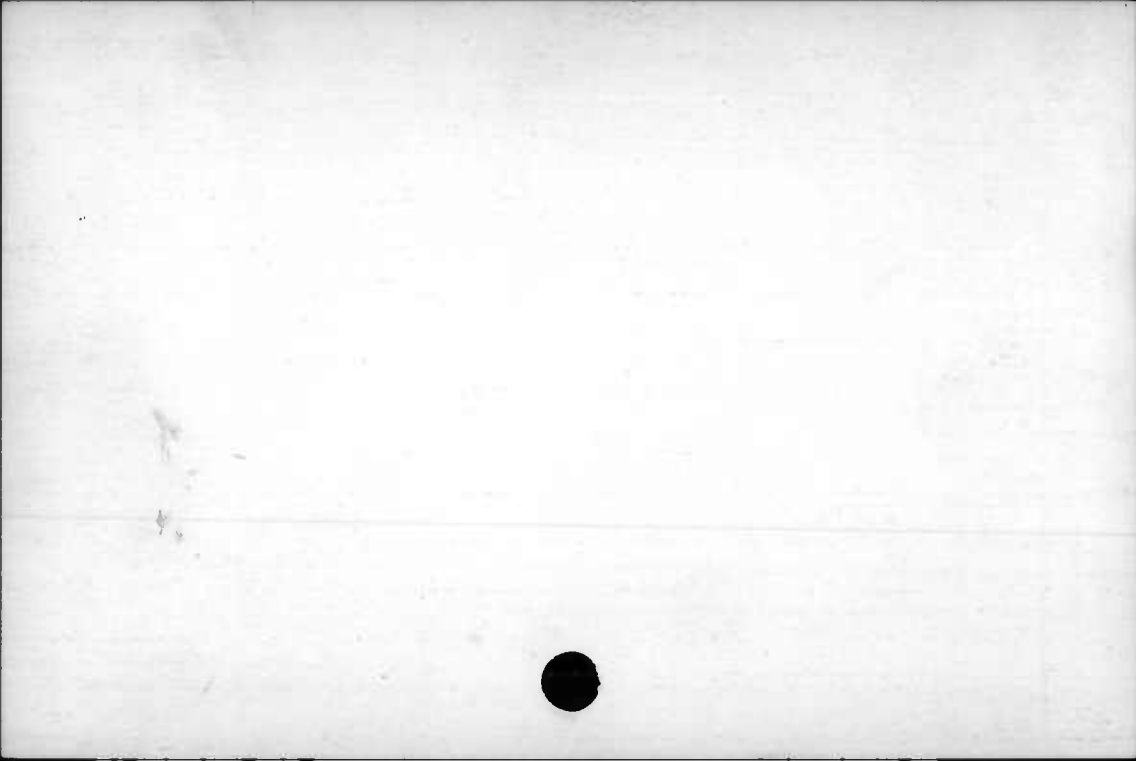
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

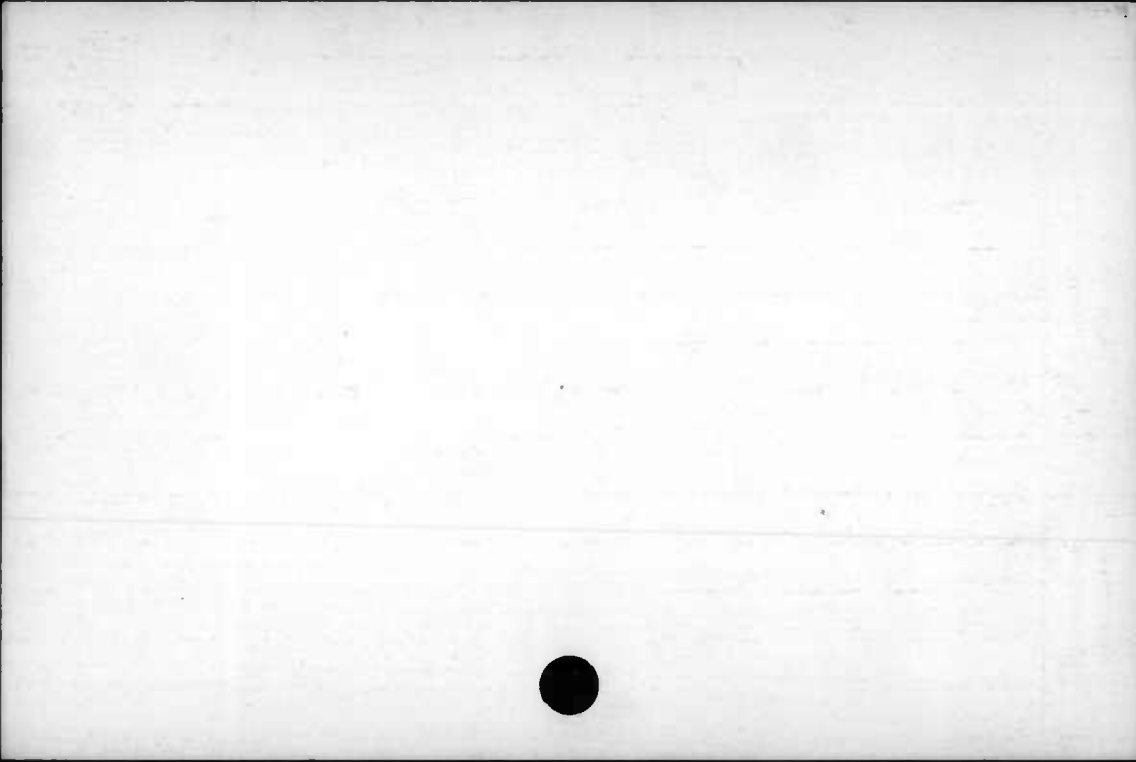
Primary <i>Senile debility</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Downey</i>
	Address <i>New Market</i>
Accident or Suicide?	



Name in Full		Sarah F. Davis						CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near <sup>Town</sup> Fountain Hills		County		Frederick		MARYLAND				
	Date of death		1905	Month	May	Day	21	Age	63	Months	3	Days	24
	Sex		Female		Color or Race		White		Birth-place		Md		
	Occupation		House wife		Where Residing if not at place of death								
	Married, Single or Widowed		Married		Name of Wife or Husband		Isaac Davis						
	Father's Name		Elias Spalding		Father's Birthplace		Nc						
	Mother's Maiden Name		Ellen Howard		Mother's Birthplace		Md						
Name of person giving information		Isaac Davis		How related to deceased		Husband							
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Mitral Regurgitation				How long		For years				
	Immediate						How long		Was suddenly				
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		H. H. Hopkins Jr. M. D.				
							Address		New Market, Md				
Accident or Suicide?		no											



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fountain Mills</i>		County <i>Frederick</i>		State <i>MARYLAND</i>
	Date of death <i>1905</i>	Month <i>May</i>	Day <i>25</i>	Age <i>28</i>	Months <i>—</i> Days <i>4</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>		
	Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura Day</i>			
	Father's Name <i>Eldridge Day</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Sarah Penn</i>	Mother's Birthplace <i>Md</i>			
	Name of person giving information <i>J. R. Snyder</i>	How related to deceased <i>Brother-in-law</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Stroke due to falling timber</i>		How long <i>16 hrs.</i>		
	Immediate <i>Cerebral Hemorrhage</i>		How long <i>14 hrs.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Fout M.D.</i>		
			Address <i>Keenplow Md.</i>		
	Accident or Suicide? <i>—</i>				



Name  
in  
Full

Anita Grunowicz de Graup

40

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Pears* TownCounty *Friedrich*Date of death *1905 May*Day *2*Age *2* YearsMonths *4*

Days

Sex *Female*

Color or Race

*White*

Birth-place

*MD*

Occupation

*X*

Where Residing if not at place of death

*Y*

Married, Single or Widowed

*X*

Name of Wife or Husband

*X*

Father's Name

*John Francisco de Graup*

Father's Birthplace

Mother's Maiden Name

*Anna Felista*

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Acute Alcoholic Poisoning*

How long

*2 1/2 hrs*

Immediate

*Convulsions*

How long

*15 hrs*

Are the name, age, sex, color, date and place correctly given above?

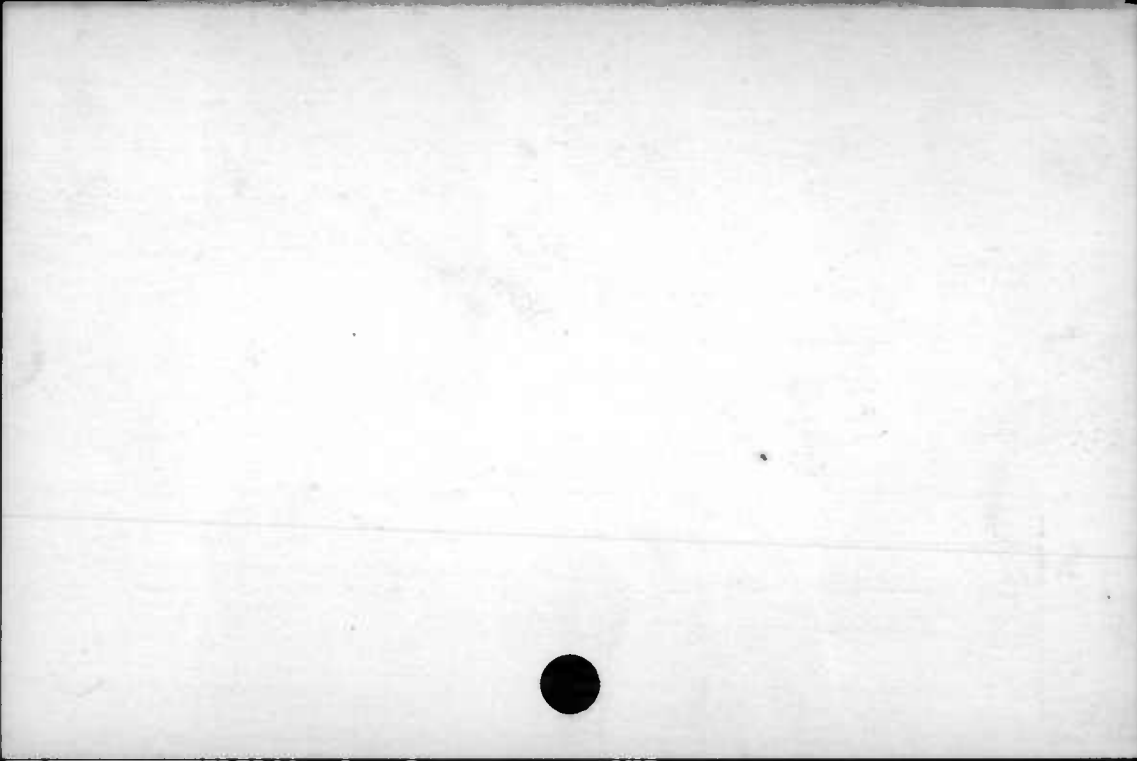
*Yes*

Signature of Physician

Address

*L. M. Curdy*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Douglas</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>16</i>	Age	Years	Months	Days <i>14</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>MD</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Singla or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Howard Double</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Lisa Cabell</i>					Mother's Birthplace	<i>MD</i>
Name of person giving In formation	<i>Howard Double</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Congestion Lungs</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Al Horine</i>
		Address	<i>Brunswick MD</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

Samuel Dutrow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	190	Month May	Day 26	Age 69	Years	Months 10	Days 25
Sex Male	Color or Race white		Birth- place Frederick, C., Md.				
Occupation Retired	Where Residing if not at place of death						
Married, Single or Widowed Widower	Name of Wife or Husband Elizabeth Ann Cochran						
Father's Name Sam'l Dutrow	Father's Birthplace Md.						
Mother's Maiden Name Elizabeth Ann Giesbert	Mother's Birthplace Md.						
Name of person giving In formation R. S. Dutrow	How related to deceased Son						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis (Gout)	How long Several years
Immediate	Uremic Coma	How long Two weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Hedding, M.D.	Address Frederick, Md.
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

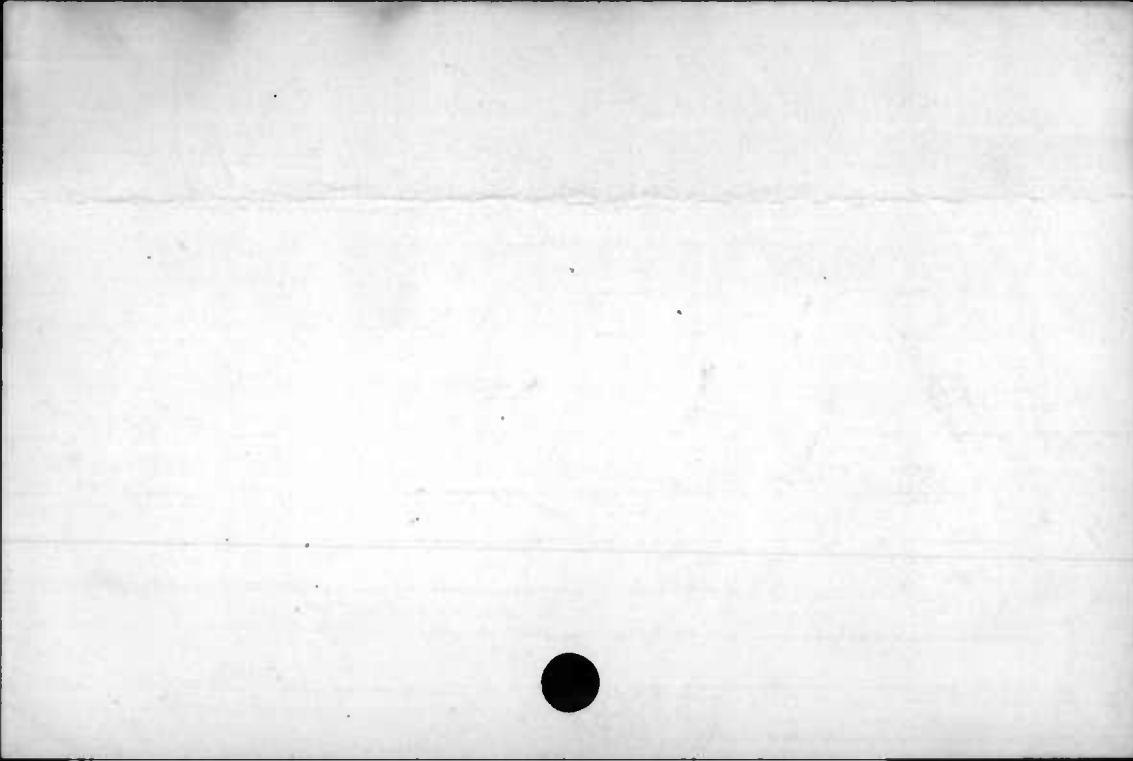
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Ingersville</i>		Town <i>Ingersville</i>		County <i>Frank Co</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>10</i>	Age <i>30</i>	Years	Months <i>9</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		In <i>Indiana</i>		
Occupation <i>House Keeping</i>	Where Residing If not at place of death <i>Churchill</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Martin W. Easterday</i>	Father's Birthplace <i>Churchill</i>						
Mother's Maiden Name <i>Susan E. Palmer</i>	Mother's Birthplace <i>Ingersville</i>						
Name of person giving information <i>Martin W. Easterday</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion</i>	How long <i>Under my care 20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed Beckley</i>
	Address <i>1111 North 1st</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *William S. Ely* Town *Frederick* County *Frederick*

Died at *Frederick*

Date of death *1905* Month *May* Day *11* Age *30* Years Months *1* Days *1*

Sex *Male* Color or Race *White* Birth-place *Frederick*

Occupation *Bar-tender* Where Residing if not at place of death *West Patrick St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Ella Young*

Father's Name *Isaac Ely* Father's Birthplace *Frederick*

Mother's Maiden Name *Margaret Hartman* Mother's Birthplace *Germany*

Name of person giving information *Wm. Young* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

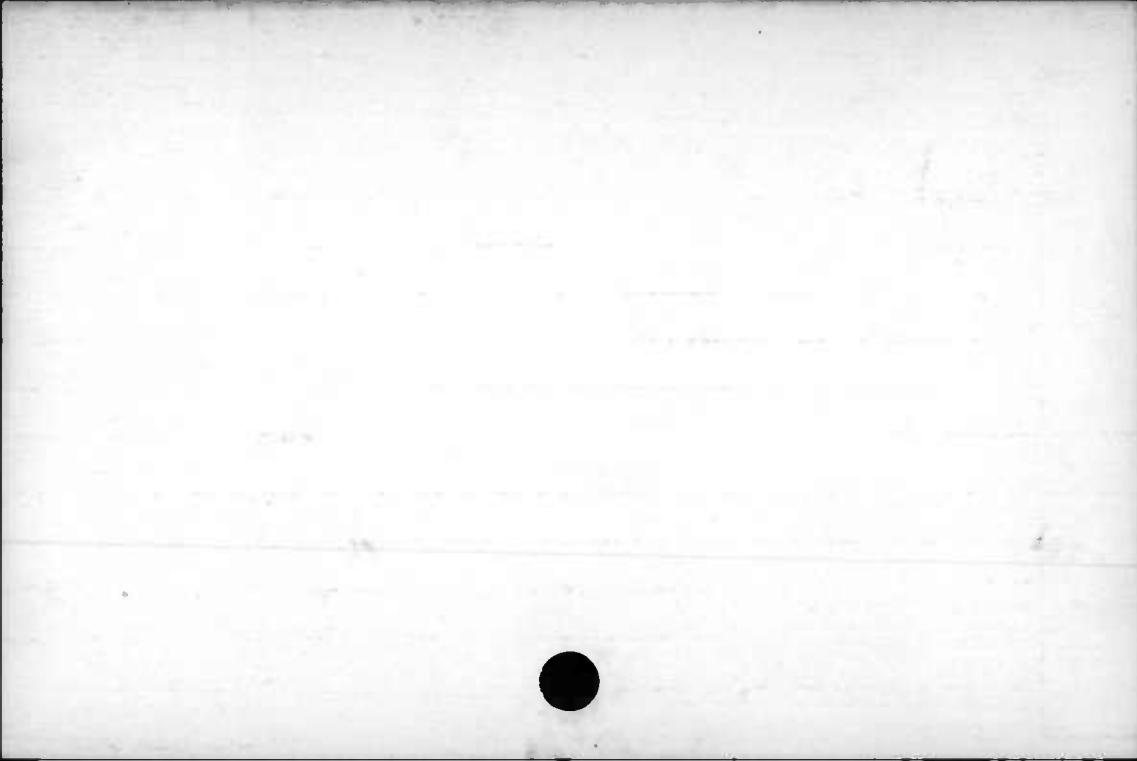
Primary *Morphine poisoning* How long *591*

Immediate *Morphine poisoning* How long *Habitual user*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. V. Dutton* Address *Frederick, Md.*

Accident or Suicide? *Accidental*



Name In Full

Certificate of Death

*Benjamin Gerhart*  
Town County

Died at *Emmitsburg Frederick*

MARYLAND

Date 19 <i>05</i>	Month <i>5</i>	Day <i>-19</i>	Y. <i>76</i>	M. <i>-9</i>	D. <i>-3</i>	Native of <i>md</i>	Occupation <i>Farmer</i>
Male	White	Married	<del>Widow</del>	<del>Divorced</del>			
<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>		Number of children living	<i>2</i>	

Husband of *Hettie Gerhart*

Father's Name *Jacob Gerhart* Mother's Maiden Name

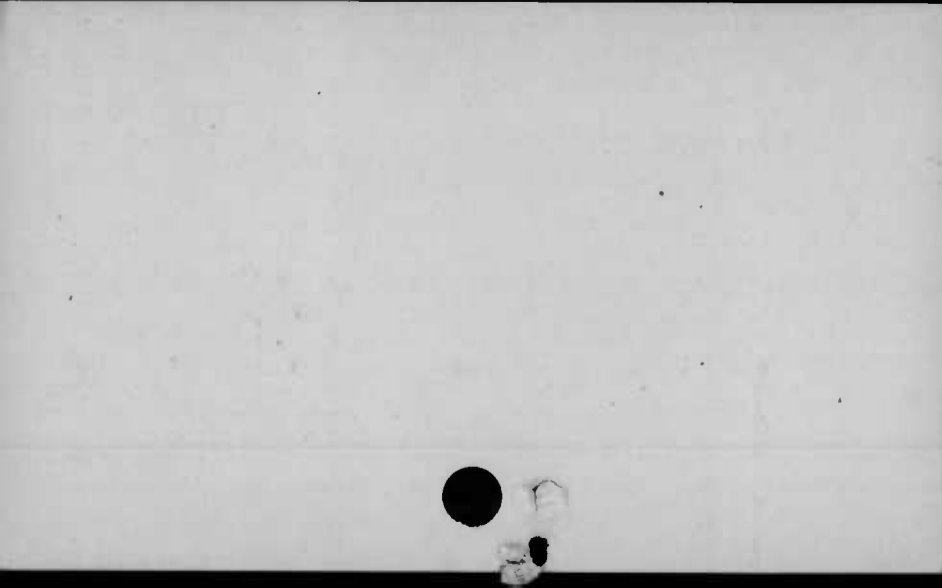
Cause of Death { Primary *Valvular Heart Disease* How long sick *years*

Death { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *W. H. R. Stone*

Address *Emmitsburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant of Wm Gosnell..

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Induser</i> Town		<i>Induser</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>May</i>		Day <i>17</i>	Age	Months	Days <i>2 hours</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Induser Md</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Wm S. Gosnell</i>			Father's Birthplace <i>Induser Md</i>		
Mother's Maiden Name <i>May Michael</i>			Mother's Birthplace <i>Induser Co Md</i>		
Name of person giving information <i>May Gosnell</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Permatum Birth* *15/1* How long

Immediate

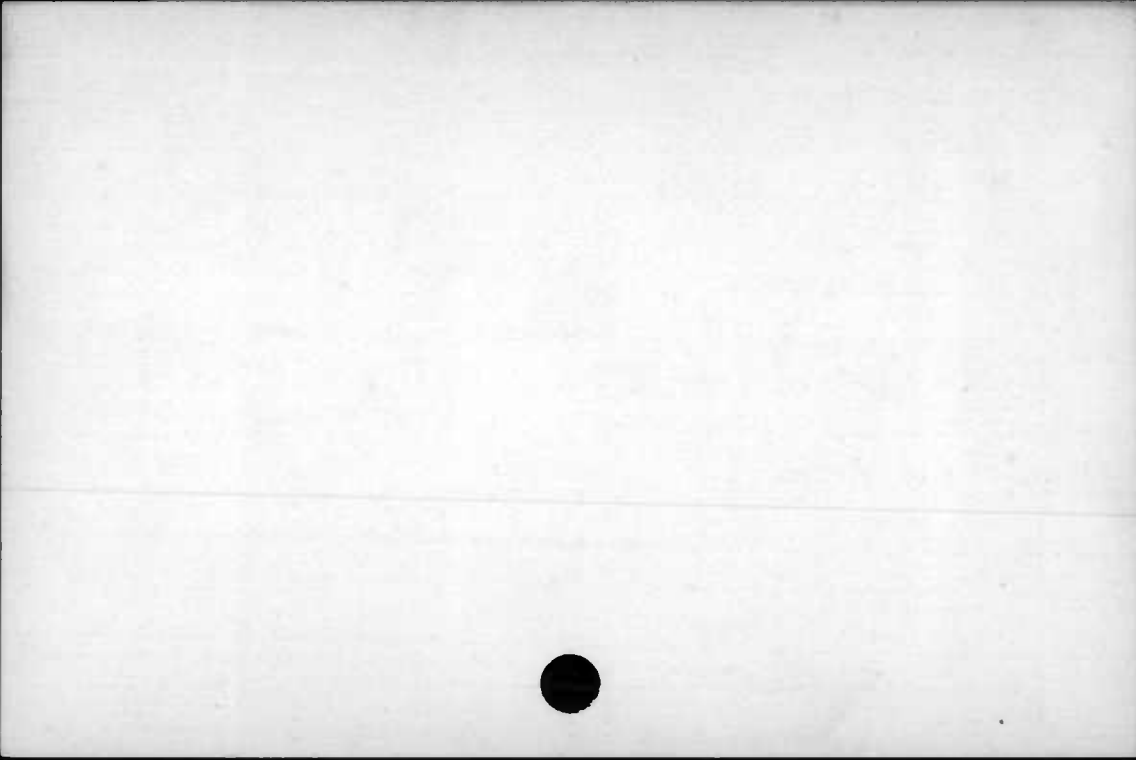
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. B. Johnson*  
*Induser Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		May	16	78			
Sex		Color or Race		Birth-place			
Male		White					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

Primary	General Debility	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

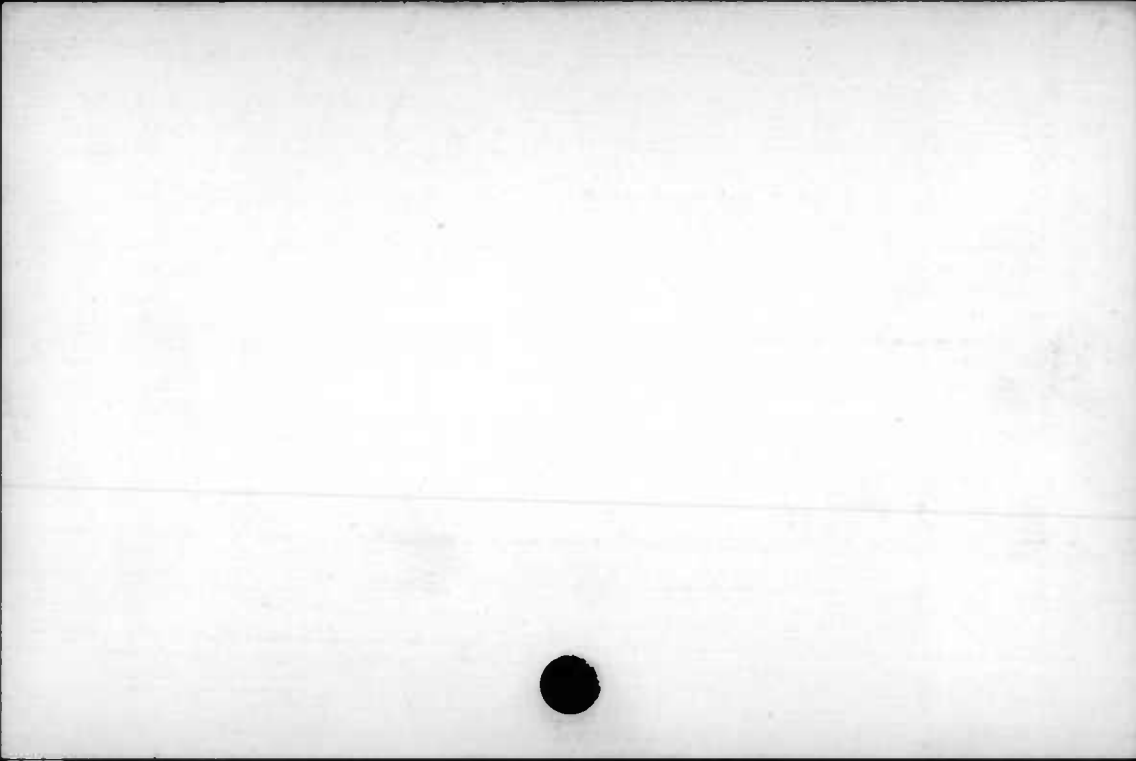
Signature of Physician

Address

Accident or Suicide?

R. S. Lyson.

Frederick Md.



Name  
in  
Full

Hayes Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Fredericks City<sup>County</sup> FrederickDate  
of death 1900

Month 5

Day 24

Age

Years 31

Months —

Days —

Sex Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Laborer

Where Residing if not  
at place of death

Brimmwick Md

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William Hayes

Father's  
Birthplace

London Co Va

Mother's  
Maiden Name

Lydia J. Heffner

Mother's  
Birthplace

" " "

Name of person giving  
information

Jno C Hayes

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Cardiac Syncope

How long

1 1/2 hours

Immediate

Paralysis of heart

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

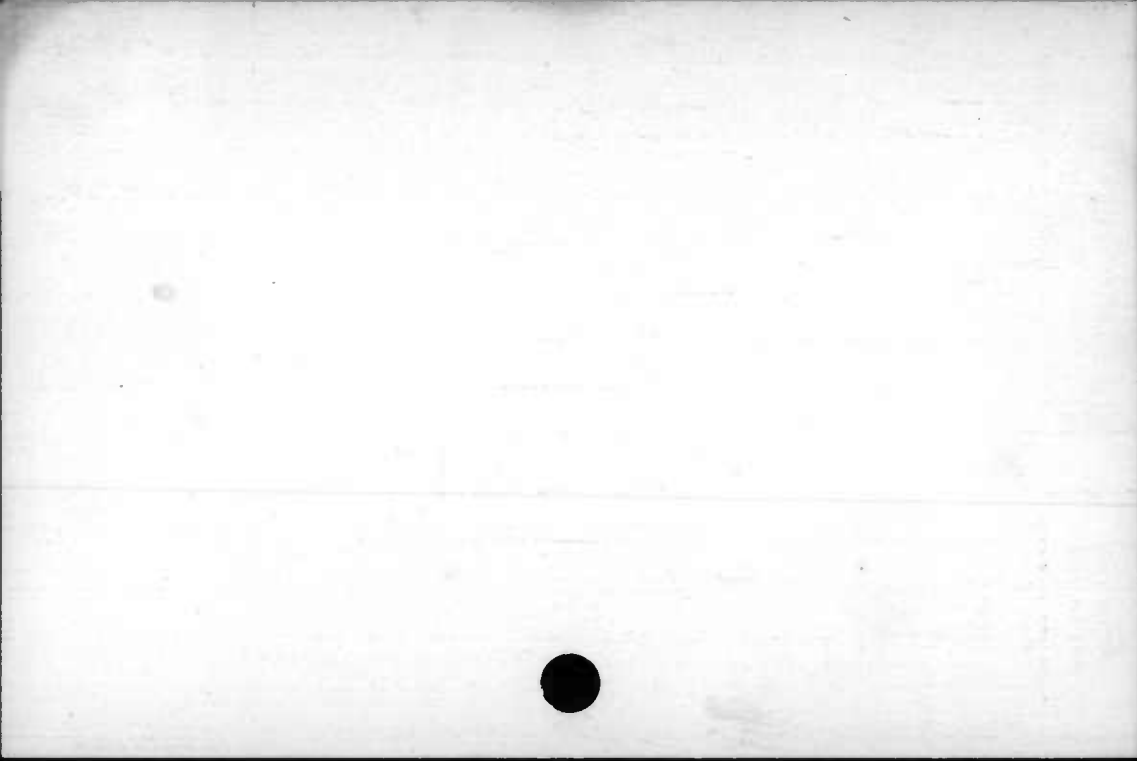
Signature of  
Physician

Henry P. F. Sherry M.D.

Address

Fredericks Md

Accident or Suicide?



Name  
in  
Full

Phillip M. Hobbs.

11

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Byes mill</i> <sup>Town</sup>		<i>Frank</i> <sup>County</sup>			
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>9</i>	Age <i>6</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frank C</i>		
<del>Married</del> Single <i>Single</i>		Occupation <i>Child</i>			
Name of Wife or Husband					
Father's Name <i>Phillip M. Hobbs.</i>			Father's Birthplace <i>Frank C</i>		
Mother's Maiden Name <i>Laura Hange</i>			Mother's Birthplace <i>Frank C</i>		
Name of person giving information <i>Dr Downey</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

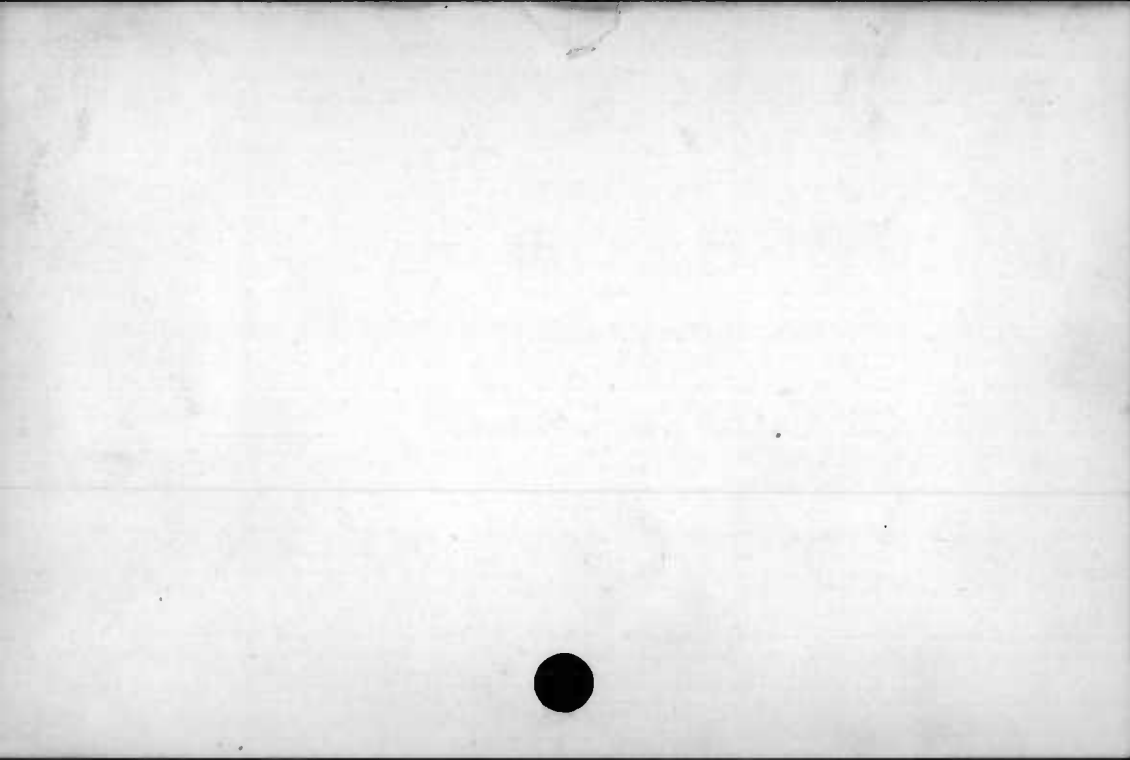
Primary <i>Diphtheria</i>	How long <i>10 days</i>
Immediate <i>Anemia that follows</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Downey &amp; Steppin</i>
	Address <i>New Market</i>
<del>Accident or Suicide?</del>	



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died		Mar 1901		Frederick		MARYLAND	
Date of death		May 3rd		Age 22 -		Months Days	
Sex		Male		Color or Race White		Birth-place W.D.	
Occupation		Farmer		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Geo. W. House		Father's Birthplace		W.D.	
Mother's Maiden Name		Margaret Ball		Mother's Birthplace		W.D.	
Name of person giving information		J. B. House		How related to deceased		Nephew	
CAUSES OF DEATH							
Primary		Tubercular		How long		4 yrs -	
Immediate		Pulmonary		How long		8 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. E. Channing			
		Address		Yrba -			
Accident or Suicide?				W.D.			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Elmer Hyatt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Indines</i>		Town <i>Indines</i>		County <i>Indines</i>		MARYLAND
	Date of death	1905	Month	May	Day	16	Age
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Marys to Md</i>		Months
	Occupation <i>Draftsman</i>		Where Residing if not at place of death		<i>X</i>		
	Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband		<i>X</i>		
	Father's Name <i>Carson Hyatt</i>		Father's Birthplace <i>Marys to Md</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Mrs. Wheeler</i>		Mother's Birthplace <i>Marys to Md</i>				
	Name of person giving information <i>Wm. Wheeler Hyatt</i>		How related to deceased <i>Uncle</i>				
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Empyema</i>		How long <i>5 mos.</i>				
	Immediate <i>Heart Failure</i>		How long <i>a few min.</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Johnson</i>				
			Address <i>Indines Md</i>				
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Harrisville* Town *Frederick* County  
Date of death *1905* Month *May* Day *28* Age *Years* Months *one* Days  
Sex *Boys* Color or Race *White* Birth-place *Harrisville*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate

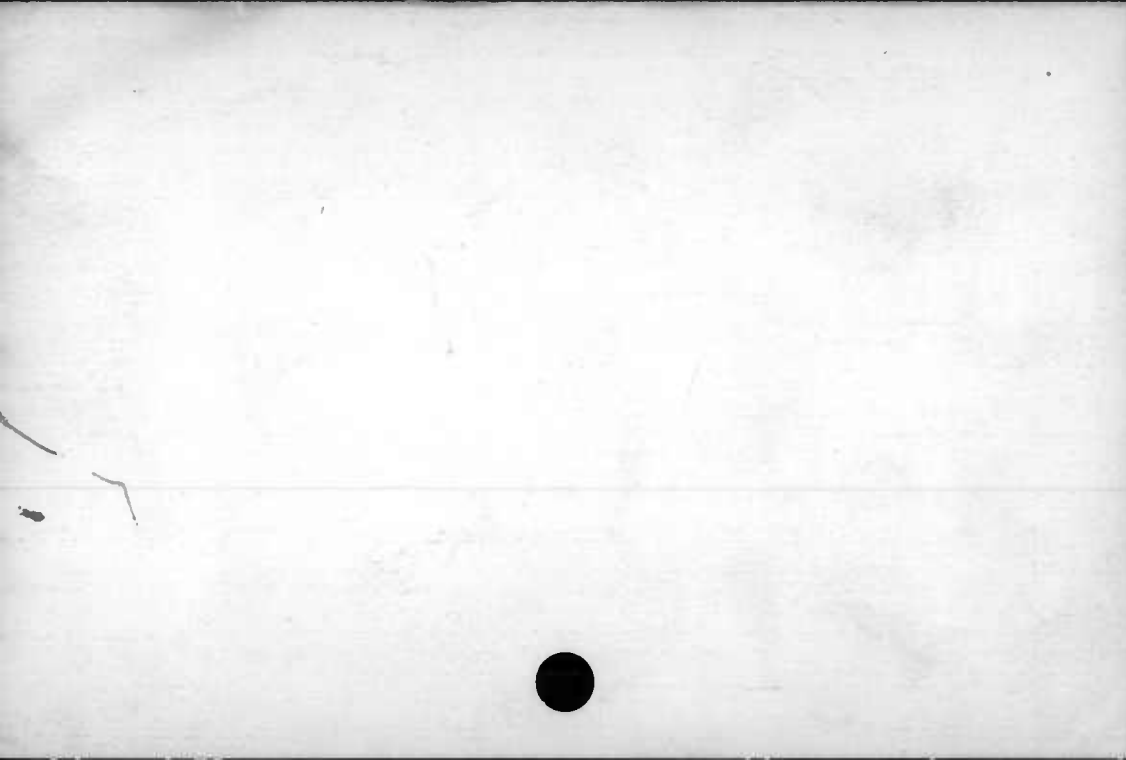
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Ephsaim James

## CERTIFICATE OF DEATH

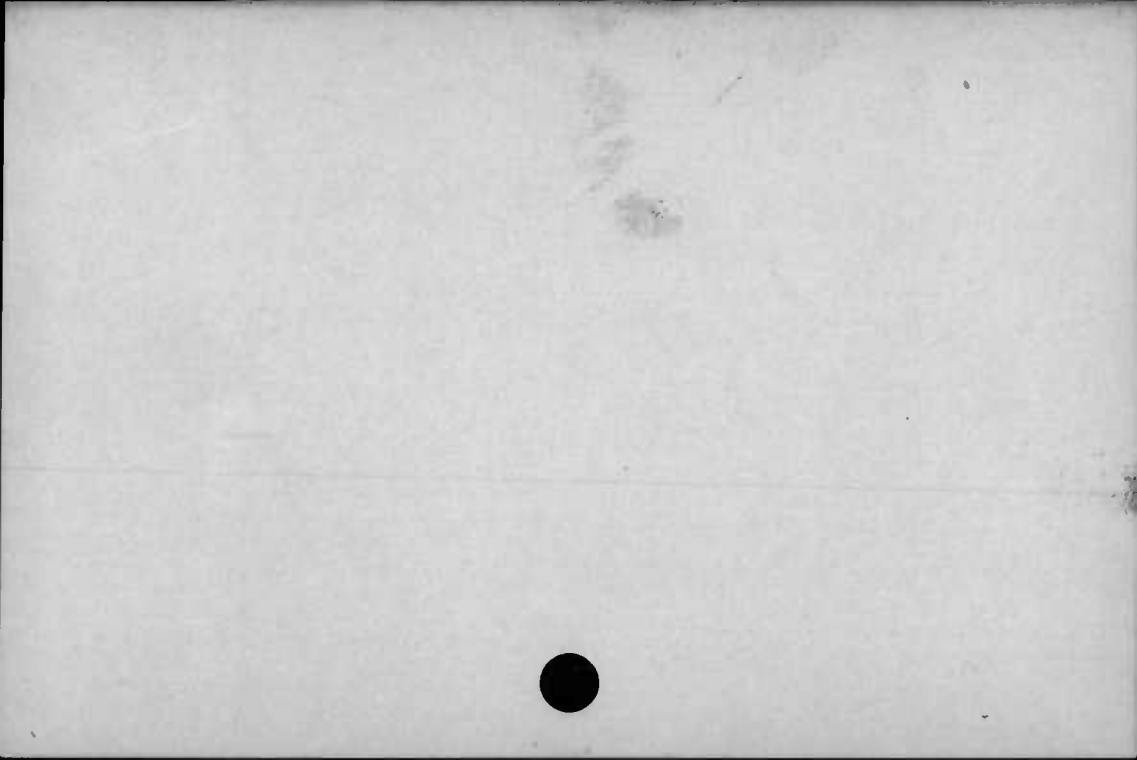
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Freak</b>		Town <b>Freak</b>		County <b>Freak</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>May</b>	Day <b>1st</b>	Age <b>59</b>	Years	Months	Days	
Sex <b>Male</b>	Color or Race <b>Blk</b>		Birth-place <b>MD</b>				
Occupation <b>Porter</b>			Where Residing if not at place of death				
Married, Single or Widowed <b>Married</b>		Name of Wife <b>Mary Wilson</b>					
Father's Name <b>?</b>		Father's Birthplace <b>?</b>					
Mother's Maiden Name <b>Mary Ann James</b>		Mother's Birthplace <b>MD</b>					
Name of person giving information <b>Joseph James</b>		How related to deceased <b>Half Brother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Leukemia</b>	How long <b>53</b> years
Immediate <b>Echinostom</b>	How long <b>progressively several weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm Crawford</b>
	Address <b>Freak MD</b>
Accident or Suicide? <b>No</b>	



Name  
in  
Full

Susan Ann Keefler

CERTIFICATE OF DEATH

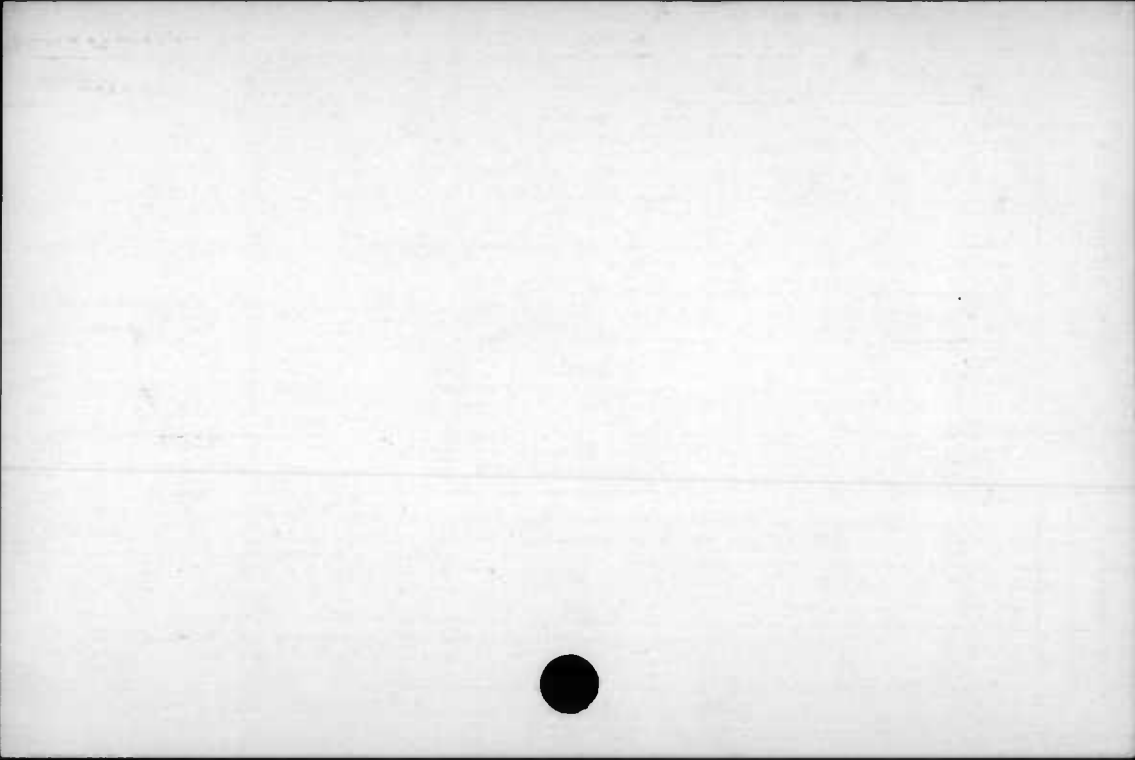
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>May</i> <small>Day</small> <i>24th</i> <small>Age</small> <i>68</i>			<i>68</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Hg. Co.</i>		Where Residing if not at place of death <i>Jefferson</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jacob Keefler</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Susan Smith</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>John Keefler</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	<i>Ind.</i> <input checked="" type="checkbox"/> <i>How long 6 mos.</i>
Immediate <i>Chronic Endocarditis</i>	<i>How long 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Hedges</i>
	Address <i>Frederick</i>
Accident or Suicide?	



Name in Full		Nimrod O. Kolb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1905	Month 5	Day 26	Age 65	Months	Days
	Sex	Male		Color or Race	White		
	Occupation	Laborer		Where Residing if not at place of death	Rhubus Mills		
	Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband		X Ellen Lowell Mary E. Kolb			
	Father's Name	X John Michael Kolb			Father's Birthplace	X Frederick	
	Mother's Maiden Name	X Christiana Catharine Kane			Mother's Birthplace	X " "	
Name of person giving information	Charles E. Mealey			How related to deceased	Friend		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy			How long	2 hours	
	Immediate	Cerebral hemorrhage			How long	2 hours	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Wilson H. Long			
Address			35 E. Palmetto St. Frederick Md.				
Cause of death: <del>Accident</del>							

Co. Co. Co. Co.

McBennet

May 29 1905

Name  
in  
Full

## CERTIFICATE OF DEATH

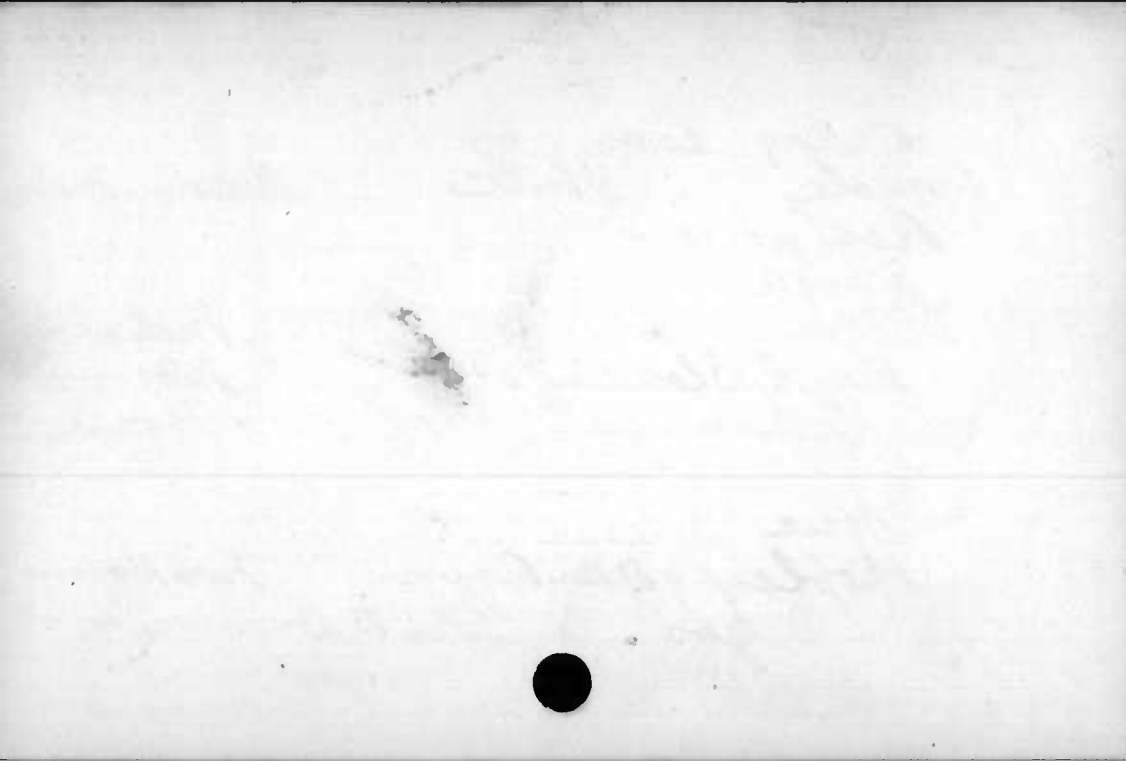
TO BE ANSWERED BY  
NEAREST FRIEND

Charlotte A R Lighler						MIDDLETOWN		FREDERICKS		MARYLAND	
Died at		Middletown		County		Fredericks					
Date of death		1905		Month		May		Day		16	
Age		57		Years		57		Months		1	
Sex		Female		Color or Race		White		Birth-place			
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Widow				Name of Wife or Husband			
				Samuel L H Lighler							
Father's Name				Jonathan Keller				Father's Birthplace			
Mother's Maiden Name				Ann R Den				Mother's Birthplace			
Name of person giving information								How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Apoplectic Clot		How long		2 days	
Immediate		Paralysis		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E L Buckley	
				Address		Middletown	
						Ind	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catherine McLean

Town

County

Died at

Emmitsburg

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905 May

20th

Age 69

=

=

Sex

Female

Color or  
Race

White

Birth-  
place

Madison, Ind.

Occupation

Religious

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

=

Father's  
Name

William McLean.

Father's  
Birthplace

Indiana

Mother's  
Maiden Name

Mary A. Blenkinghops.

Mother's  
Birthplace

Indiana

Name of person giving  
Information

Dr. Berndine Orendorf

How related  
to deceased

None

## CAUSES OF DEATH

Primary

None

How long

18

Immediate

Apoplexy of the Brain

How long

Two Hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

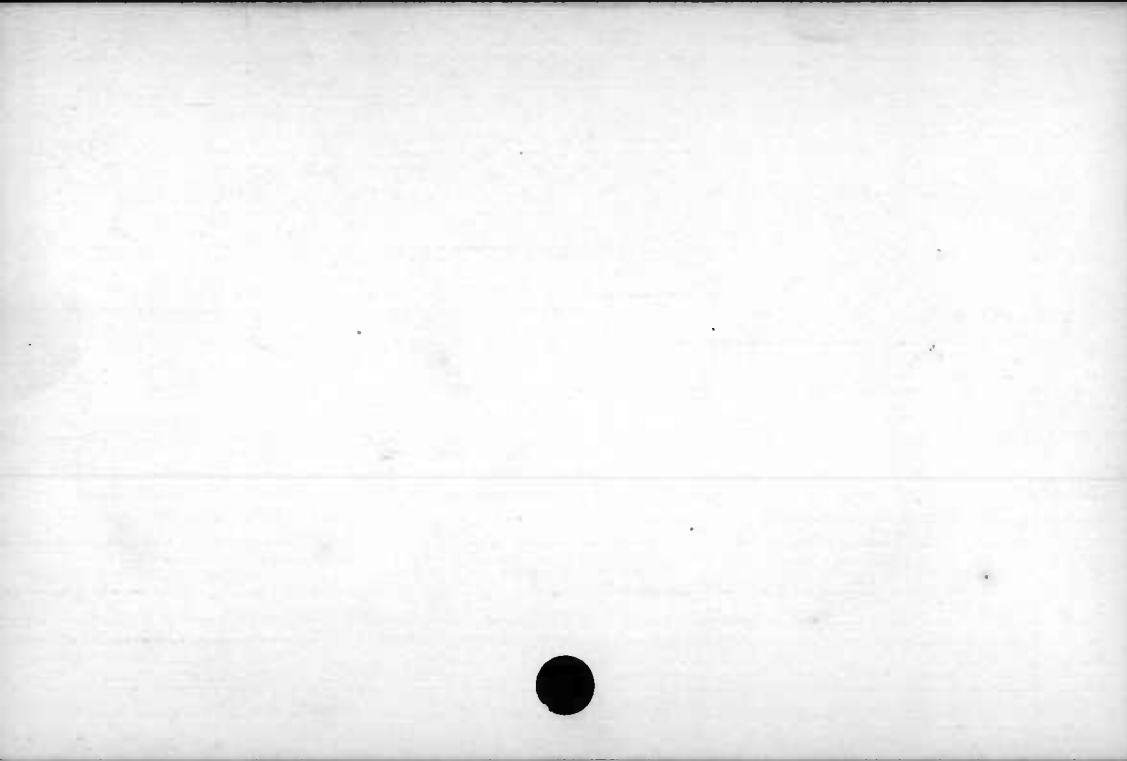
Signature of  
Physician

John B. Brannan

Address

Emmitsburg  
Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Mrs Sophia C. P. Mergardt.

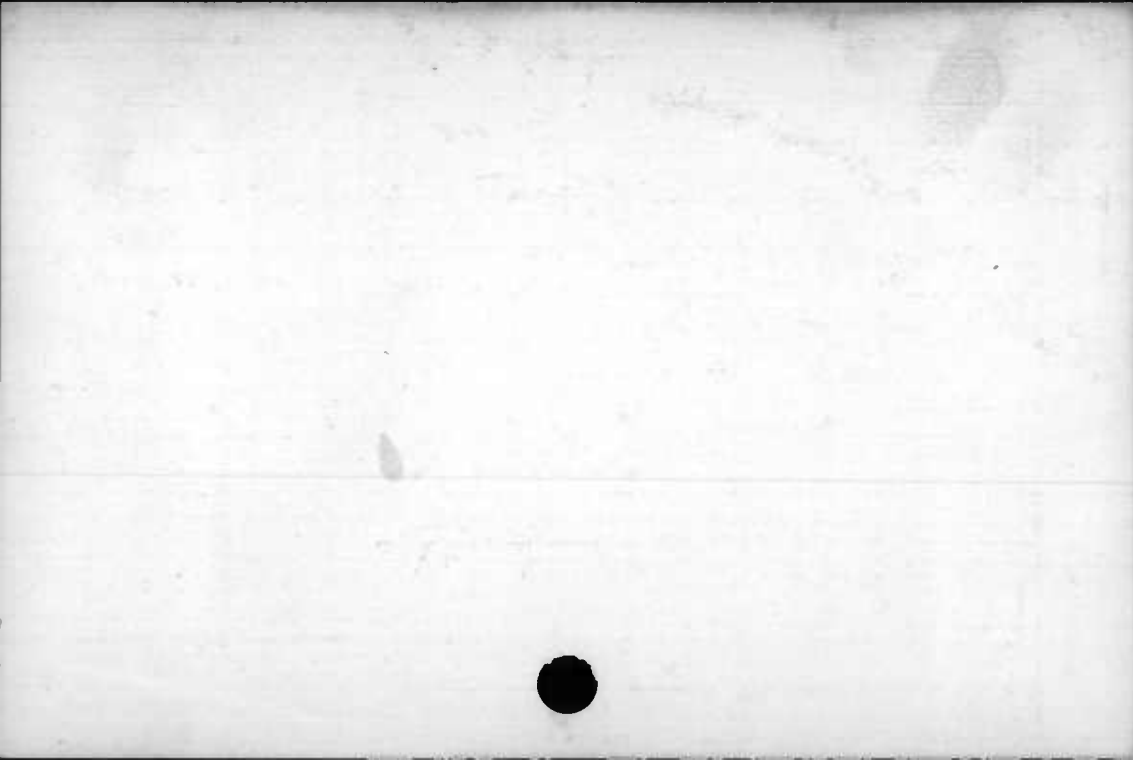
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indianex</i> <sup>Town</sup>		<i>Indianex</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>14</i>	Years <i>75</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> or Husband <i>Conrad Mergardt.</i>				
Father's Name <i>Henry F W Rodkey</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Christina N Brene</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wilhelmina Mergardt</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>Several Minutes</i>
Immediate <i>Exhaustion</i>	How long <i>a few days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indianex Md.</i>
Accident or Suicide?	



Name  
in  
Full

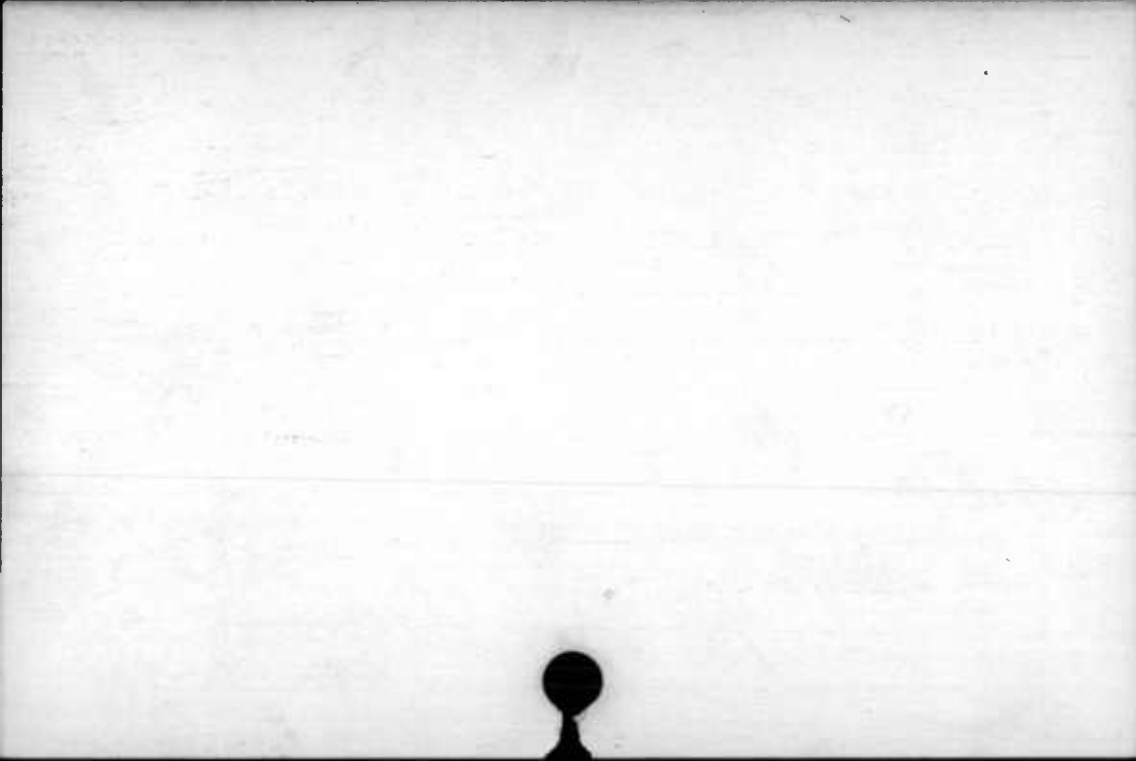
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alice J. Munschower</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1905 May 3</i>		<i>43</i>		<i>3</i>		<i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Emmitsburg Md</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Near Emmitsburg</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John H. Munschower</i>							
Father's Name <i>John J. Ober</i>		Father's Birthplace <i>MD</i>							
Mother's Maiden Name <i>Anna Shorb</i>		Mother's Birthplace <i>MD</i>							
Name of person giving information <i>John H. Munschower</i>		How related to deceased <i>Husband</i>							
CAUSES OF DEATH									

PHYSICIAN  
OR CORONER

Primary <i>Ovarian Cancer</i>	How long <i>Over 2 years</i>
Immediate <i>General Dropsy</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Eichelberger</i>
	Address <i>Emmitsburg Maryland</i>
Accident or Suicide?	



Name  
in  
FullMary E. ~~Stam~~ O'ran 17

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> New Market<sup>County</sup> Frederick

MARYLAND

Date of death 1905 May

Day 24

Age 53

Months

Days

Sex Female

Color or Race Colored

Birth-place New Market, Md

Occupation Housewife -

Where Residing if not at place of death

Married, Single Married

Name of ~~Wife~~ Husband

Edward B. O'ran

Father's Name Van Hall

Father's Birthplace

Mother's Maiden Name ~~Elizabeth~~ Rachad Spriggs

Mother's Birthplace New Market

Name of person giving information Edward B. O'ran

How related to deceased Husband

## CAUSES OF DEATH

Primary Tuberculosis -

How long About 3 years

Immediate Asthenia -

How long From or few days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. W. Downey, M.D.

Address

New Market

Md

Asphyxiated or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1891



Name  
in  
Full

Murray Routzahn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Monticue Hospital		Frederick					
Date of death	1905	Month	5	Day	4	Age	Years 65
Sex	Male	Color or Race	White	Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		R. S. Lyson.
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Calvin C Schaffer  
 Town County  
 Died at Frederick Frederick MARYLAND  
 Date 1905 May 21 Age - 2 - Native of Frederick Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

CERTIFICATE OF DEATH

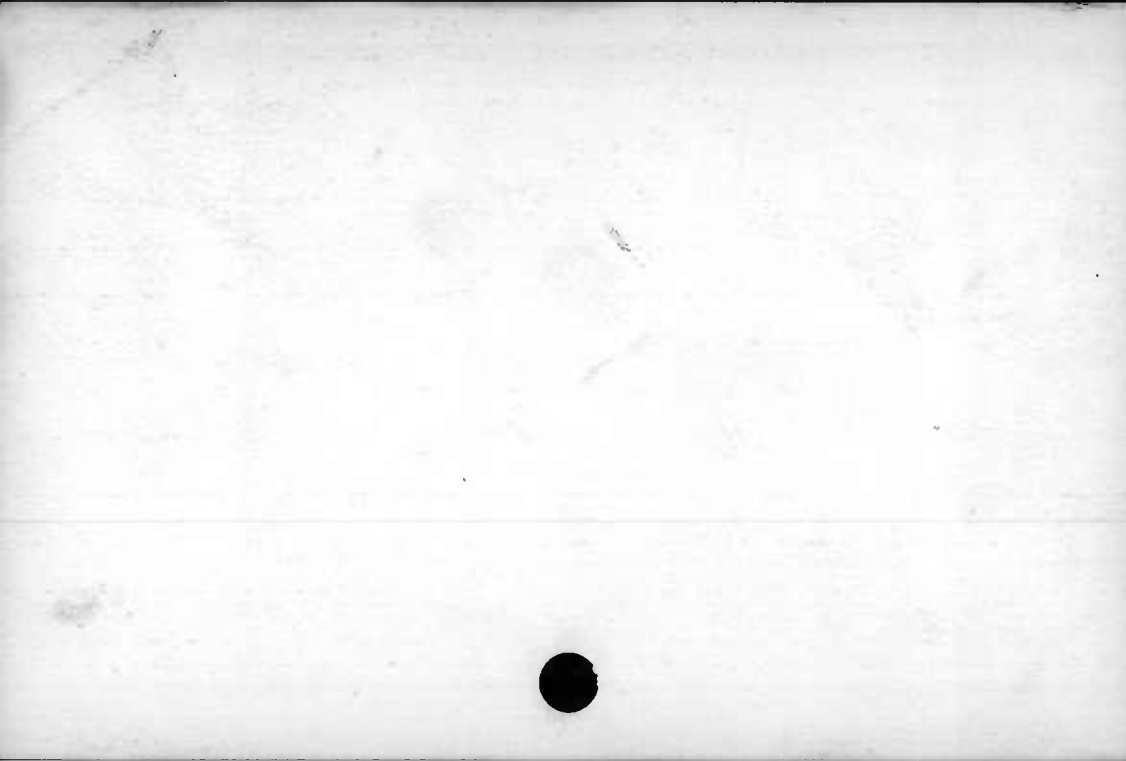
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>4</i>
Age	<i>71</i>	Years	<i>3</i>	Months	<i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>Near Emmitsburg</i>		
Married, <i>Yes</i>	Name of Wife or Husband <i>Bessie M. Sepler</i>				
Father's Name	<i>Jacob Sepler</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Annie McElarican</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Annie M. Sepler</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic disease of heart</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>24</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Stone</i>	
Accident or Suicide? <i>No</i>		Address <i>Emmitsburg Md.</i>	



Name  
in  
Full

Mary Ann R Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Liberty Town

County Frederick

Date of death 1905 May

Day 13<sup>th</sup>

Age

Years 43

Months 10

Days 22

Sex Female

Color or  
Race

Colored

Birth-  
place

Occupation

Servant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

William A. Smith

Father's  
Name

George Washington

Father's  
BirthplaceMother's  
Maiden Name

Maria Butler

Mother's  
Birthplace

Montgomery Co.

Name of person giving  
In formation

Wm A. Smith

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Chronic Nephritis, Mitral Regurgitation

How long

2 yrs

Immediate

Atrial Failure

How long

6 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

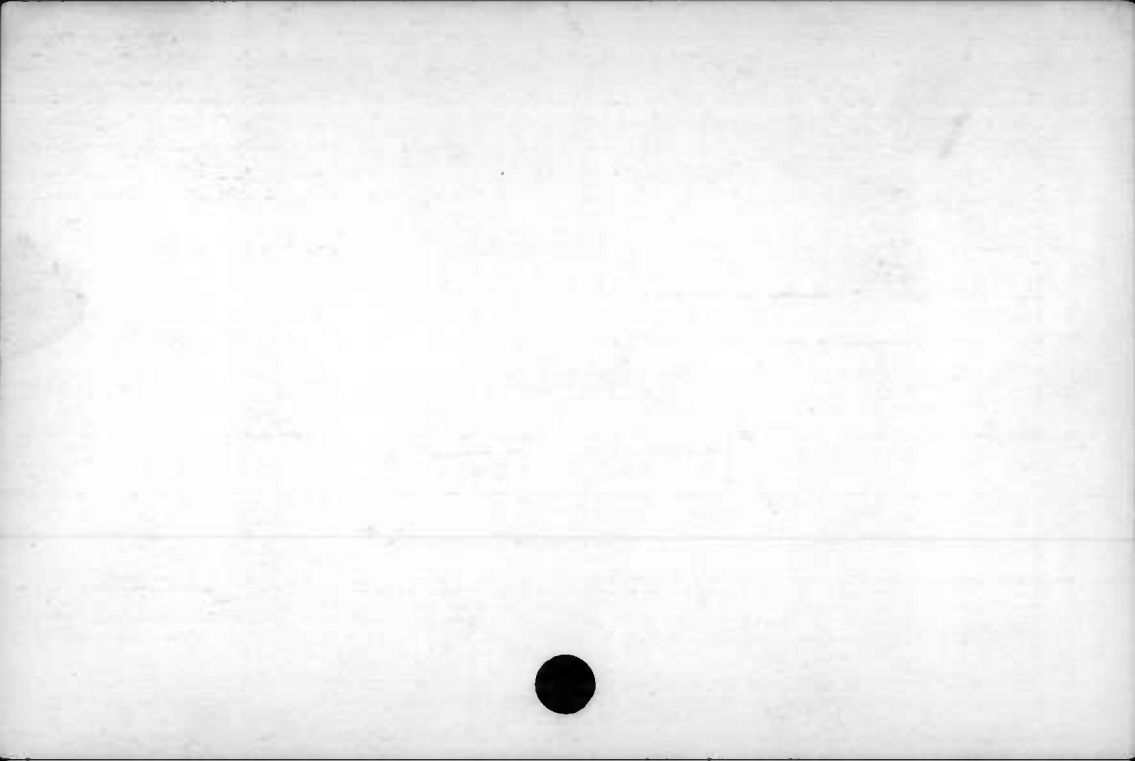
Otis R. Stone M.D.

Address

Liberty Town, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Clayana Sprinkle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Emmitsburg

County Frederick

MARYLAND

Date of death 1905 May 28

Age 3

Months 3

Days 22

Sex Female

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

George Sprinkle

Father's Birthplace

Pa

Mother's Maiden Name

Martha Smith

Mother's Birthplace

Pa

Name of person giving information

George Sprinkle

How related to deceased

Father

## CAUSES OF DEATH

Primary

Scarlet Fever.

How long

5 days

Immediate

Coma

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

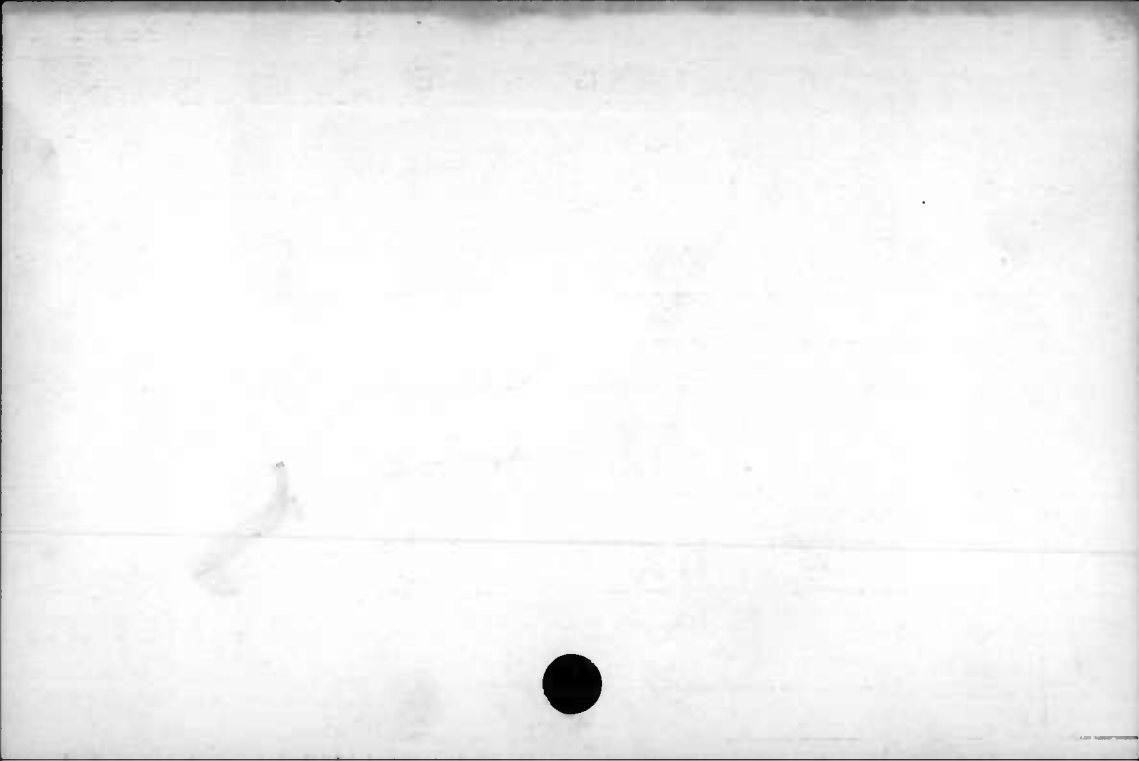
Signature of Physician

Phu B. Brauer, M.D.

Address

Emmitsburg

Accident or Suicide?



Name In Full

Certificate of Death

Mary M. Sprmjer  
 Town County

Died at

Emmitsburg Frederick

MARYLAND

Date 1903

Month Day  
 May - 26

Age

Y. M. D.  
 81. 6. 19

Native of

Ind

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Edwin Sprmjer  
 Jacob Gormy  
 Maiden Name

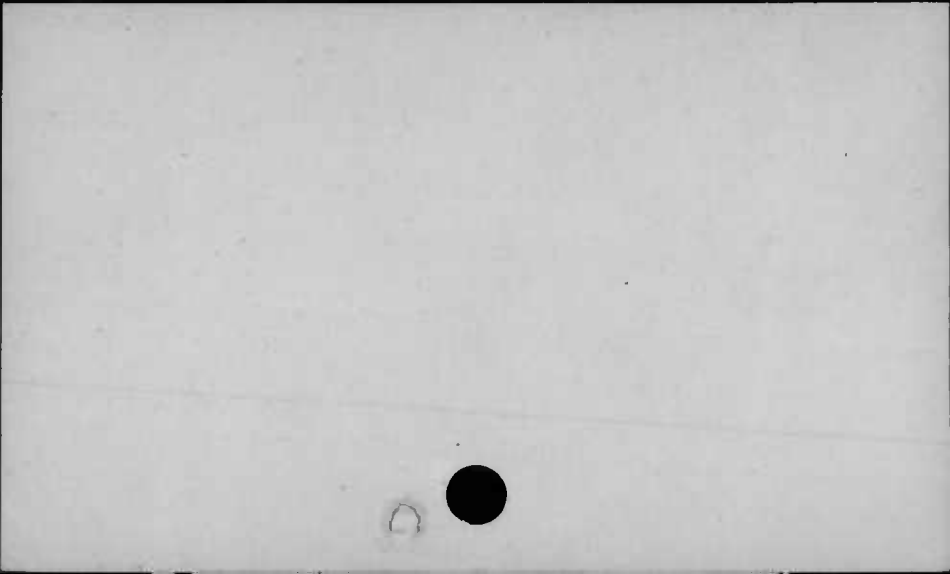
Primary Spontaneous Coronary  
 Immediate Embolism

How long sick

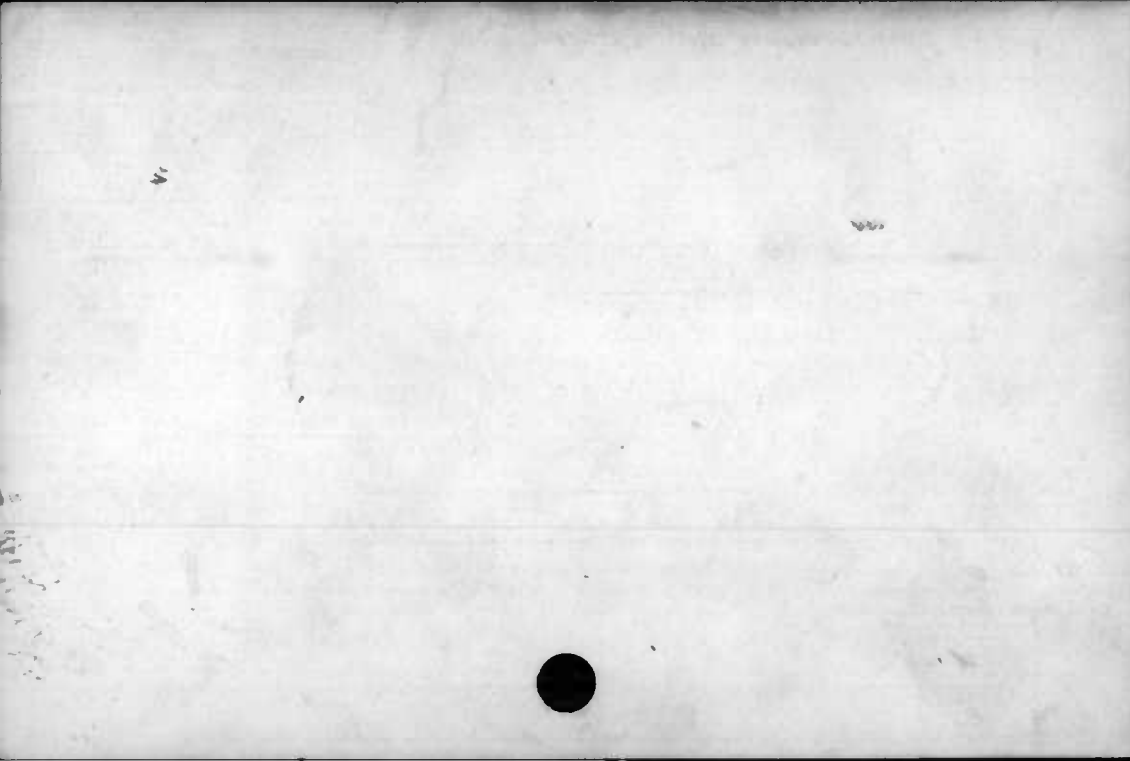
1 month

~~Accident, Suicide, Homicide~~

W. L. S. Stone  
 Emmitsburg, Ind.



Name in Full <b>Washington Hamilton Stottmeyer</b>		CERTIFICATE OF DEATH	
Died <b>North of Myersville about 2 1/2 miles</b> <b>Frederick</b>		TOWN County	
Date of death <b>1906 May 7th</b>		Age <b>68</b> Months <b>9</b> Days <b>15</b>	
Sex <b>Male</b> Color or Race <b>White</b>		Birth-place <b>North of Wolfsville</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>died at Home</b>	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Wife's maiden name Susan Hoover</b>	
Father's Name <b>Joseph Stottmeyer</b>		Father's Birthplace <b>East Wolfsville</b>	
Mother's Maiden Name <b>Margaret Heays</b>		Mother's Birthplace <b>Frederick Co Md</b>	
Name of person giving information <b>James A. Brone</b>		How related to deceased <b>1st Cousin by marriage</b>	
CAUSES OF DEATH			
Primary <b>Valvular Lesion of Heart</b>		How long <b>6 years</b>	
Immediate <b>Apoplexy</b>		How long <b>Instantly</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Ralph Braiding</b>	
		Address <b>Myersville Md</b>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name  
in  
Full

Russell Stover

## CERTIFICATE OF DEATH

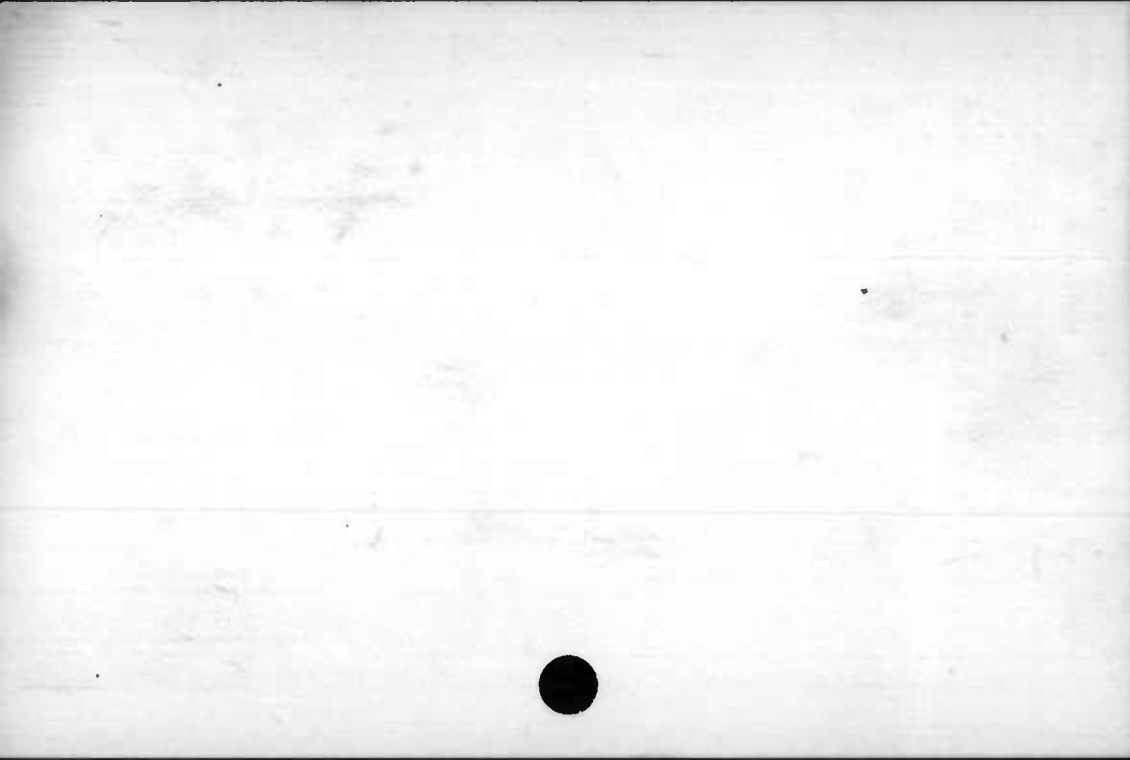
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Midway</i>		<i>Fred</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>18</i>	Years <i>3</i>	Months <i>1</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New Midway</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Charles Stover</i>			Father's Birthplace <i>Fredrick's Co.</i>		
Mother's Maiden Name <i>Mattie Wise</i>			Mother's Birthplace _____		
Name of person giving information <i>Mattie Stover</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Scarlatina Diphtheria</i>	How long	<i>2 wks</i>
Immediate	<i>Nephritis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. H. Kahle</i>
		Address	<i>Woodboro Md.</i>
Accident or Suicide? <i>No</i>			



Name  
in  
Full

John Travis Thomas Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

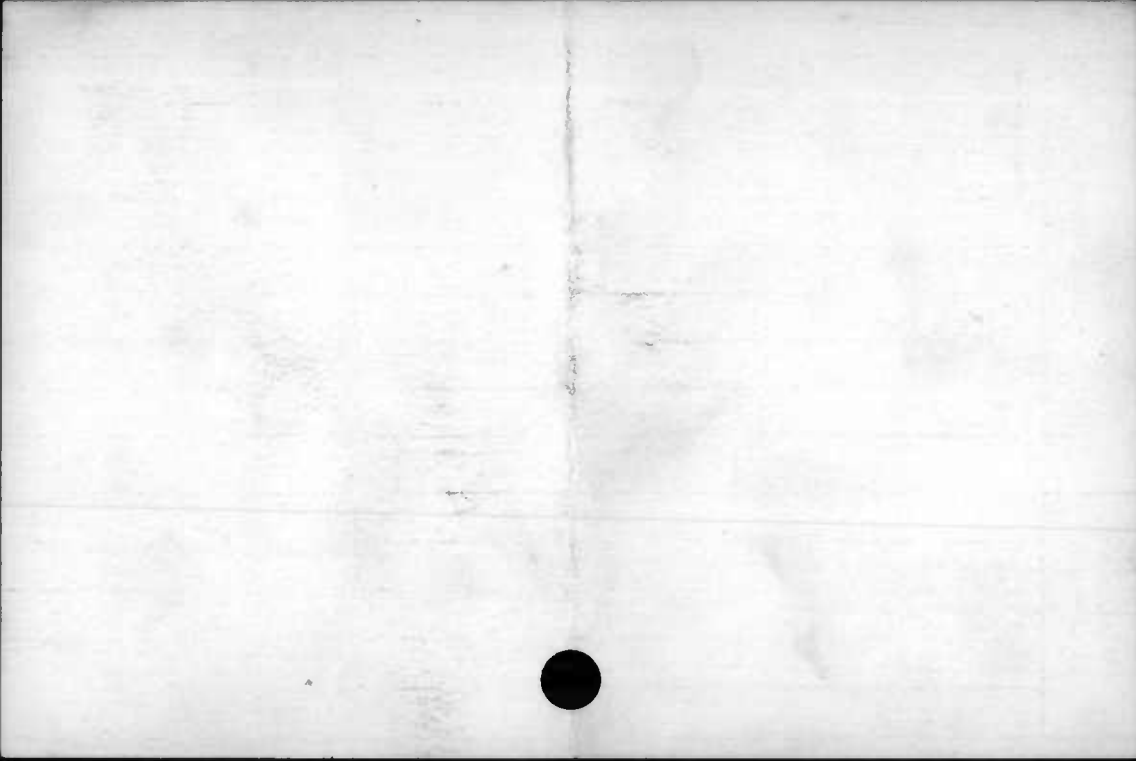
Died at *Indeuch* TownCounty *Indeuch*Date  
of death *1905*Month *5*Day *25*Age *1* YearsMonths *9*Days *19*Sex *Male*Color or  
Race *White*Birth-  
place *Indeuch*Occupation *None*Where Residing if not  
at place of death ☒~~Married~~; Single  
or ~~Widowed~~Name of Wife or  
Husband ☒Father's  
Name *John Travis Thomas*Father's  
Birthplace *Mo*Mother's  
Maiden Name *Mrs - Minnie L. Buckley*Mother's  
Birthplace *Mo*Name of person giving  
In formation *Bernard Thomas*How related  
to deceased *Uncle*

## CAUSES OF DEATH

Primary *Pertussis*How long *6 wks -*Immediate *Congestion of Brain (Convulsions)*How long *3 days -*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Dr. William Buchanan Jones*Address *Indeuch Mo*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret A. Troxell-

## CERTIFICATE OF DEATH

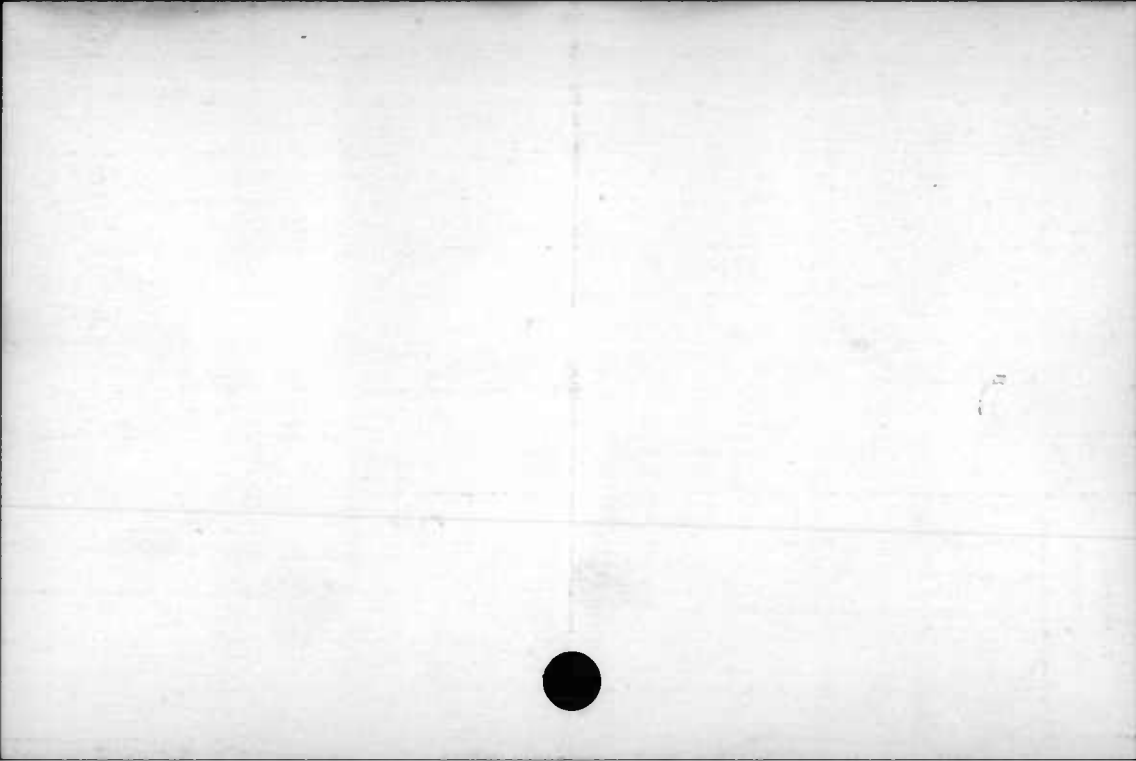
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bridgetown</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>15</i>	Age <i>72</i> Years	Months <i>7</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>		
Occupation <i>A' wife</i>		Where Residing if not at place of death <i>X</i>			
<del>Married, Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>John Troxell -</i>			
Father's Name <i>John Troxell</i>		Father's Birthplace <i>Emmitsburg</i>			
Mother's Maiden Name <i>-</i>		Mother's Birthplace			
Name of person giving information <i>Dr. Mrs Newcomer</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>One wk -</i>
Immediate <i>Enterocolitis</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan M.D.</i>
<i>X</i>	Address <i>Frederick Md</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Mrs Mary Weyman

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Emmitsburg<sup>County</sup> Frederick

MARYLAND

Date  
of death 1905

Month

May

Day

8

Age

Years

79

Months

6

Days

0

Sex

Female

Color or  
Race

White

Birth-  
place

Emmitsburg

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

William Weyman

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Ada Tupper

How related  
to deceased

Granddaughter

## CAUSES OF DEATH

Primary

Apoplexy

How long

1 day

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

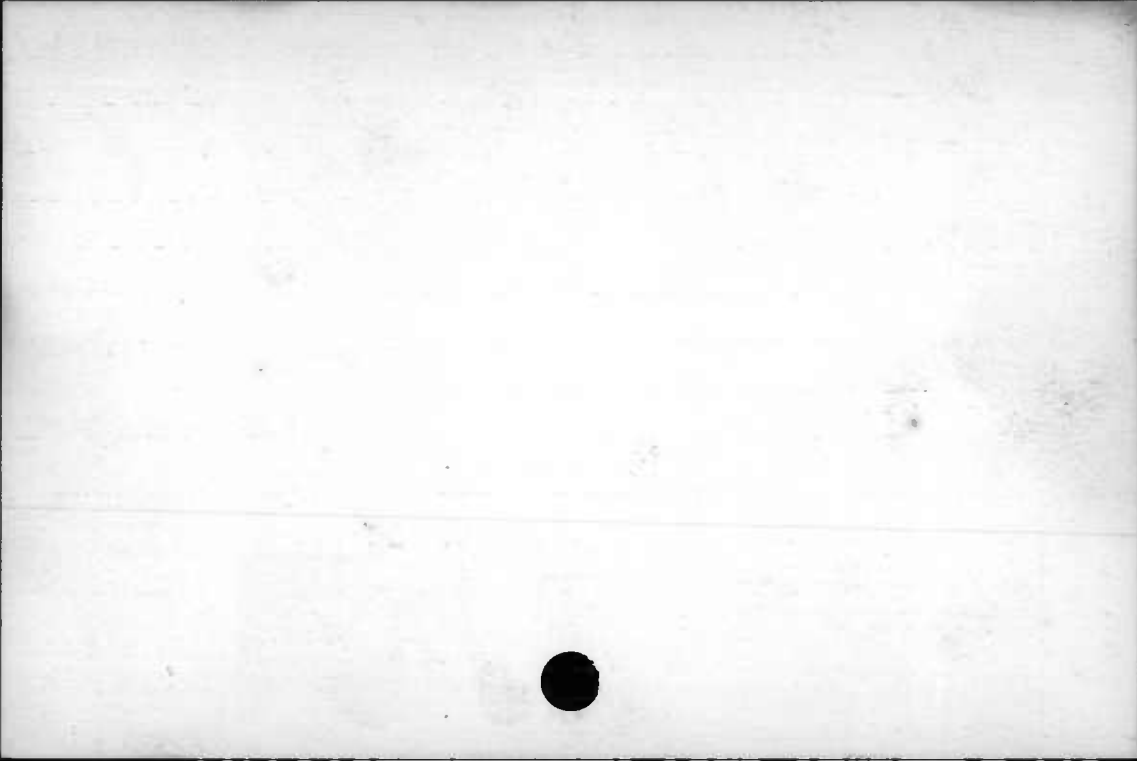
Signature of  
Physician

Address

Chas. E. Stone  
Emmitsburg Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Died at

Date 1905

Male

~~Female~~

Month

Day

Y.

M.

D.

Native of

Occupation

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

James E. Walker

Town

County

Frederick

Frederick

MARYLAND

May - 13

Age 56 3 14

Md.

Merchant

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living one

Annie Mackell

William W. Walker

Mary E. Smith

Chronic Interstitial Nephritis About 6 mos.

Uraemic Coma

J. O. Hendrix, M.D.

Frederick, Md.



Name  
in  
Full

Charity West

## CERTIFICATE OF DEATH

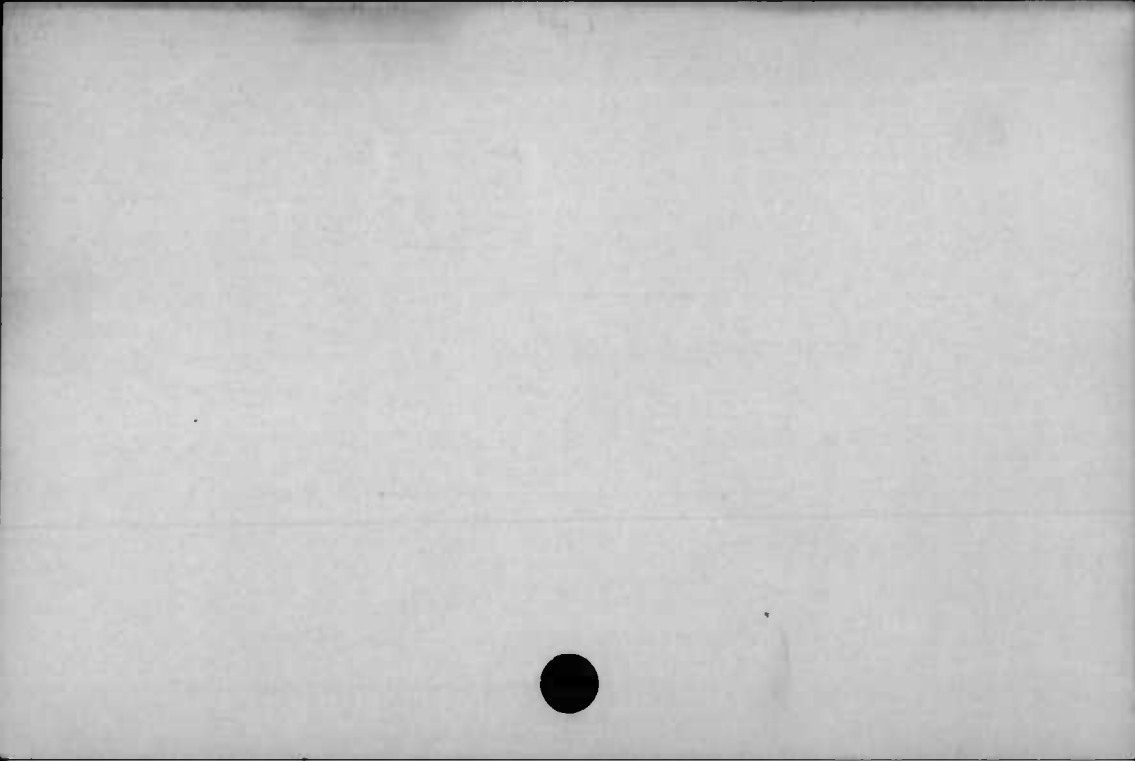
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Miller Brook Rd R 20 24</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1905	Month	May	Day	26	Age	74
Sex	Female		Color or Race	White		Birth-place	W. Va.
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	widow		Name of <del>Widow</del> Husband	Milton S West			
Father's Name	John B. West				Father's Birthplace	W. Va.	
Mother's Maiden Name	Wedgcraft				Mother's Birthplace	Md	
Name of person giving information	John C. West				How related to deceased	son	

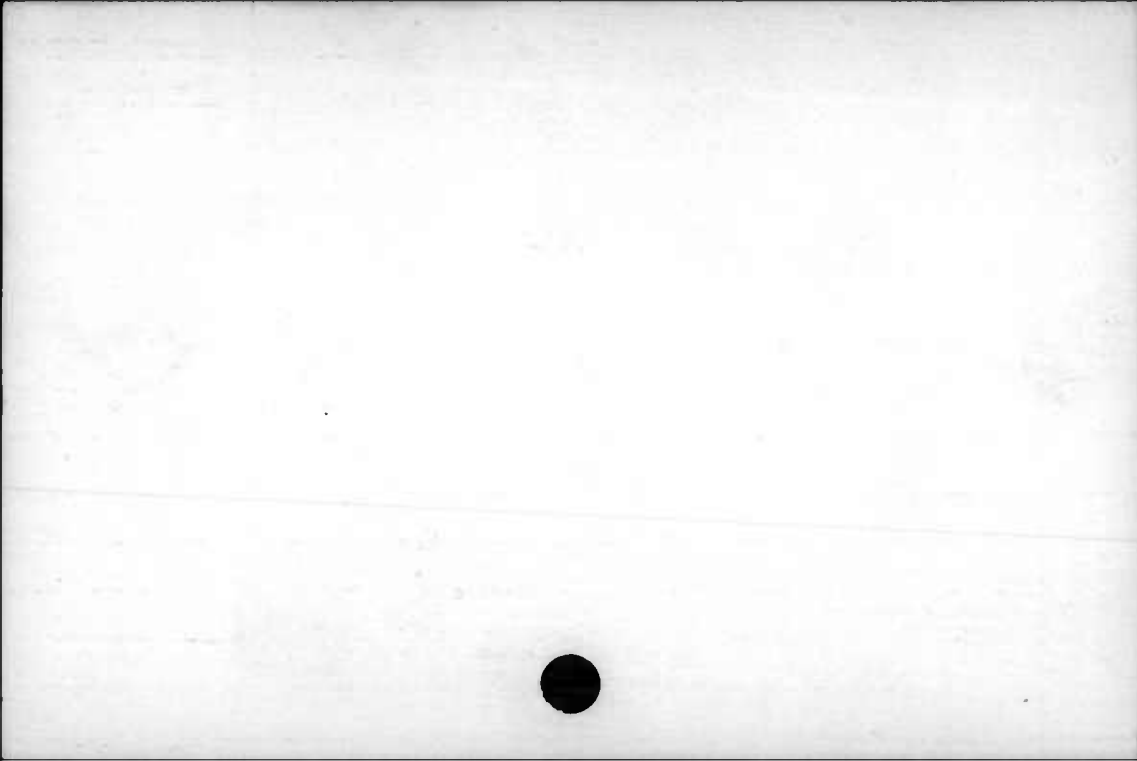
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Softening of Brain</i>		How long	<i>two years</i>
Immediate	<i>Paralysis</i>		How long	<i>2 weeks</i>
Is the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>Wm. David Johnson</i>
			Address	<i>Frederick Md</i>
Accident or Suicide?	No			



Name in Full		Cornelia Wills				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death		1905	Month 5	Day 20	Age 3	Years 6
	Sex		Female		Color or Race Wh		Birth-place Md
	Occupation —				Where Residing if not at place of death —		
	Married, Single or Widowed —		Name of Wife or Husband —				
	Father's Name Murray Wills				Father's Birthplace Md		
	Mother's Maiden Name Jennie Page				Mother's Birthplace Md		
Name of person giving information Murray Wills				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Meningitis			How long 1 week	
	Immediate		Epidemic			How long —	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Chas. F. Gordon MD		
	Address		Frederick, Md			Md	
Accident or Suicide?		No					



Name  
in  
Full

Martha L. Wilson

15,

## CERTIFICATE OF DEATH

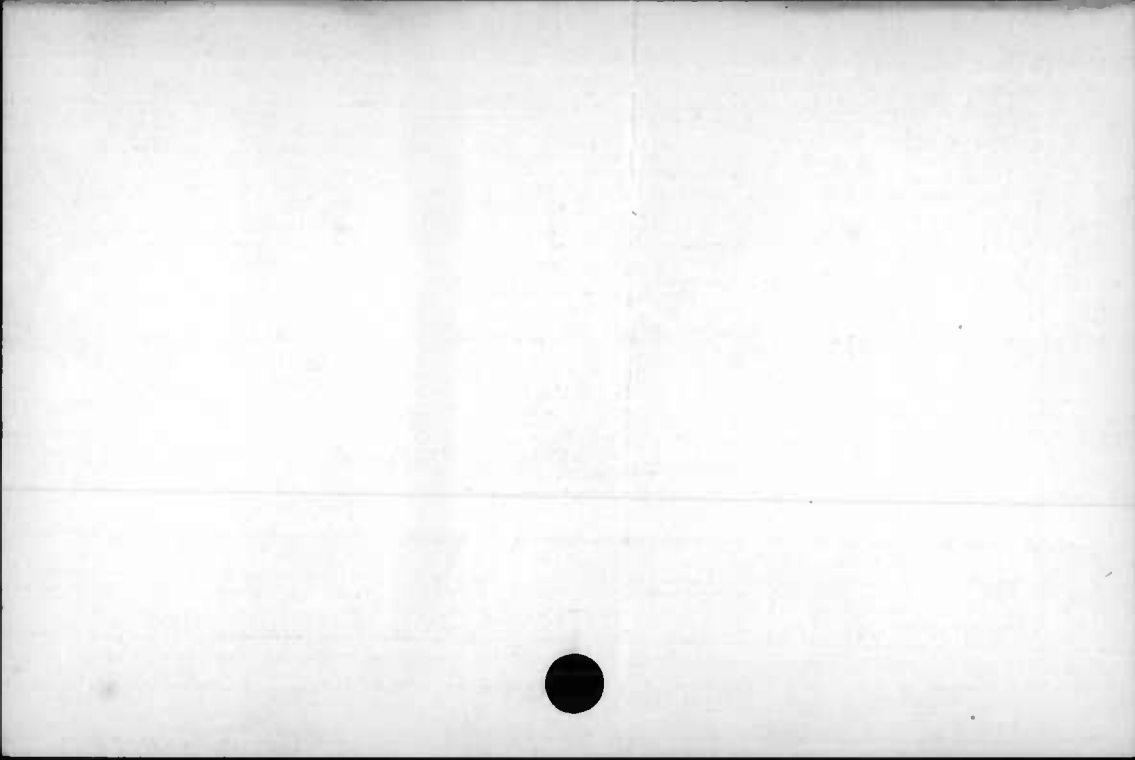
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Airy Junction</i>		Town <i>Trullo, Co</i>		County		MAYLAND	
Date of death 190	5	Month	May	Day	15	Age	72
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co Md.</i>		Months	8
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Henry B. Wilson</i>							
Father's Name <i>William Watkins</i>		Father's Birthplace <i>Montgomery Co Md.</i>					
Mother's Maiden Name <i>Annetta M. Rendum</i>		Mother's Birthplace <i>Montgomery Co Md.</i>					
Name of person giving information <i>A. B. Wilson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Brownell</i>
	Address <i>Mt. Airy Md.</i>
Accident or Suicide?	



PHYSICIAN  
OR CORONER

Elsa R. Zimmerman

# CERTIFICATE OF DEATH

Died at Summit Town

County Friedrich

## MARYLAND

Date of death 1905	Month May
-----------------------	--------------

Day  
15

Age 58 Years

Months

Days  
2 3

Sex *Male*

Color or Race *White*

Birth place *Pa*

Occupation *Coast Hunter*

Where Residing if not  
at place of death

Married, ~~Singl~~  
or ~~Widow~~

Name of Wife or Husband Emma Rummelma

Father's Name George H. Simmons

Father's Birthplace St. Louis, Mo.

Mother's  
Maiden Name Elsie K. Rous

Mother's Birthplace *Franklin*

Name of person giving information William Schull

How related  
to deceased

### CAUSES OF DEATH

Primary

Casasima d'Alvino

How long 2 years

Immediate

How long  
Hemorrhage of heart & stomach - 3 days

Are the name, age, sex, color, date and place correctly given above?

Geo

Signature of Physician

16 128 Stone

Address

*Emm. tab.*

## Accident or Suicide?

Ad.

